2008 FOR PROFIT CORPORATION

Jan 29, 2008 8:00 am **Secretary of State ANNUAL REPORT** 01-29-2008 90037 001 ***317.50 DOCUMENT #L37920 1. Entity Name MEI HOLDINGS, INC. 66000406 Principal Place of Business Mailing Address 10625 PUCKETT ROAD 10625 PUCKETT ROAD PERRY, FL 32347 PERRY, FL 32347 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01232008 Chg-P 4. FEI Number Applied For City & State City & State 59-3014524 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 m 清許少 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (HOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TITLE ☐ Change Addition YORK, ROY B. NAME NAME STREET ADDRESS STREET ADDRESS 3741 BOBBIN BROOK CIR CITY-ST-7IP CITY - ST- 7IP TALLAHASSEE FL, ☐ Delete TITLE ☐ Change ☐ Addition TITLE HANKINS, HAROLD NAME NAME STREET ADDRESS STREET ADDRESS 103 SMITHFIELD DR CITY - ST - ZIP BLACKSBURG VA. CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME CLARK, MARK E. NAME STREET ADDRESS STREET ADDRESS RT. 1. BOX 135E CITY-ST-ZIP HOT SPRINGS, NC CITY-ST-ZIP Delete TITLE Change ☐ Addition LANGNER, KEVEN K. NAME NAME 196 GREEN HILLS RD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CINCINNATI OH, CITY - ST- 7IP ☐ Delete Addition TITLE ☐ Change TITLE NAME SLEIGHER, SUZANNE B NAME STREET ADDRESS 12025 201ST RD STREET ADDRESS LIVE OAK, FL 32064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Juzanne B. Sleicher

FILED