
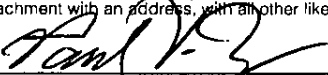


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008356 1. Entity Name 128 PLACE, INC.		
Principal Place of Business 445 31ST ST. NORTH ST. PETERSBURG, FL 33713	Mailing Address 445 31ST ST. NORTH ST. PETERSBURG, FL 33713	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent MACMATH, GARY 445 31ST ST. NORTH ST. PETERSBURG, FL 33713		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 02/27/08-80084-003 70.00
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISIEWICZ, PAUL V 1601 CENTRAL AVE. ST. PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUSSEY, RUTLAND 100 2ND AVE. SOUTH, STE. 800 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POYNTER, SALLY 100 BEACH DR. NE #1103 ST. PETERSBURG, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTS, BOB 334 48TH AVE. NORTH, APT. 132 ST. PETERSBURG, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOTT, MARTIN 445 31ST ST NORTH SAINT PETERSBURG, FL 33713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty Row)	
12. I hereby 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.		
SIGNATURE:  PAUL MISIEWICZ 1/17/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3717717	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**