2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000001471

FILED Feb 05, 2009 Secretary of State

| Entity Nam | ne: ML, INC. | | | | | | | |
|---|--|-------------|--------------------------|----------|---|-----------|----------|----------------------------|
| Current Principal Place of Business: | | | | | New Principal Place of Business: | | | |
| | 4TH AVNUE CREEK, FL | | | | | | | |
| Current Mailing Address: | | | | | New Mailing Address: | | | |
| | 4TH AVNUE CREEK, FL | | | | | | | |
| FEI Number: | 65-0988267 | FEI Nu | mber Applied For() | FEI Nur | nber Not Applicable (|) | Certific | ate of Status Desired () |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | |
| 6770 NW 4 | E, MICHAEL 4 AVENUE CREEK, FL | 33073 | US | | LUCCHESE, MIC 6770 NW 44 AVE COCONUT CREE | NUE | 33073 | US |
| The above in the State | | submits | this statement for the p | urpose c | f changing its regis | stered of | fice or | registered agent, or both, |
| SIGNATURE: MICHAEL LUCCHESE | | | | | 02/05/2009 | | | |
| Electronic Signature of Registered Agent | | | | | | | | Date |
| Election Cam | ıpaign Financir | ng Trust Fo | und Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PTS (LUCCHESE, M 6770 NW 44TI COCONUT CR | H AVENUE | 33073 | | Title: Name: Address: City-St-Zip: | () | Change | () Addition |
| Title: Name: Address: City-St-Zip: | VPD (LUCCHESE, N 6770 NW 44TI COCONUT CR | H AVENUE | 33073 | | Title: Name: Address: City-St-Zip: | () | Change | () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LUCCHESE PRES 02/05/2009