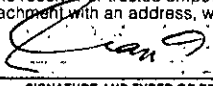


FILED

Jan 28, 2008 08:

Secretary of S

**2008-FOR-PROFIT-CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000094973 1. Entity Name MACEWEN PROPERTY CO., INC.			
Principal Place of Business 895 MACEWEN DR OSPREY, FL 34229		Mailing Address P.O. BOX 4136 SARASOTA, FL 34230-4136	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 98-0355358		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M. 1820 RINGLING BLVD. SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	NAME	
STREET ADDRESS	24/F., CDW BLDG. 388 CASTLE PEAK ROAD	NAME	
CITY-ST-ZIP	TSUEN WAN, N.T. HONG KONG,	STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
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 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.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____			
Date _____		Daytime Phone # _____	