2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2008 08:00 A Secretary of State

DOCUMENT # P01000018154 1. Entity Name MEETING THE NEED, INC.				Secretary of S		
Principal Plac 5580 PARK I SUITE 9 PINELLAS PA		Mailing Address 5580 PARK BLVD. SUITE 9 PINELLAS PARK, FL 33781				
DO NOT WRITE IN THIS SPACE			CE	01142008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required		
GALLAGHER, BETH 710 S. CREST AVE. CLEARWATER, FL 33756			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 Signature, hyped or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when revealating) DATE 1.						
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	Add	dded to Fees		
10. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIE PD GALLAGHER, BETH E 710 S. CREST AVE. CLEARWATER, FL 33756	RECTORS	-2	U00000791814 01/23/08-80090-025 15	5 0. 00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE MAME STREET ADDRESS CITY-ST-ZIP		···				
NAME, STREET ADDRESS- CITY-ST-ZIP	September 1980 Septem	in the street of	ions El Su	14 13 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e galege y an e e e e e e e e e e e e e e e e e e	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR