2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 21, 2008 08:00 All Secretary of State **DOCUMENT # P01000069715** MILE MARKER 30, INC. Principal Place of Business Mailing Address 29943 OVERSEAS HWY. PO BOX 430703 BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 02072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1121984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LITTRIELLO, JOHN 1606 PINE CHANNEL DR LITTLE TOCH KEY, FL 33042 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) V00000365363 04/07/08-80025-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LITTRIELLO, JOHN NAME STREET ADDRESS 1606 PINE CHANNEL DR CITY-ST-ZIP LITTLE TORCH KEY, FL 33042 TITLE NAME LOPEZ, CHRISTINA C STREET ADDRESS 1606 PINE CHANNEL DR CITY-ST-ZIP LITTLE TORCH KEY, FL 33042 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it 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 path; 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:

NAME STREET ADDRESS CITY-ST-ZIP

TOWN A TOWN OF SIGNING OFFICER OR DIRECTOR

3/17/08 3

305-872-2796

Daylime Phone #

FILED