



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000029743</b> 1. Entity Name <b>MNC STRIBBONS, INC.</b>	
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Principal Place of Business <b>1545 NW 165 ST MIAMI, FL 33169</b>	Mailing Address <b>1545 NW 165 ST MIAMI, FL 33169</b>
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3770050</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SALTSMAN, ROBERT P  
222 S. PENNSYLVANIA AVENUE  
SUITE 200  
WINTER PARK, FL 32789**

**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 reinstalling) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>UN00000912484</b> <b>05/07/08-80082-011 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VAUGHN, CHARLES G 28 SENECA STREET DOBBS FERRY, NY 10522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIEDMAN, MICHAEL 2939 BAYVIEW AVENUE WANTAGH, NY 11793</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALTSMAN, ROBERT 222 S. PENNSYLVANIA AVENUE STE200 WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **2-13-2008** **914.552.9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #