## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P03000081866 04-28-2008 90354 029 \*\*\*150.00 MENSRIGHTS.COM, INC. Principal Place of Business Mailing Address 4950 PARK BLVD. 4950 PARK BLVD. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 57-1184562 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENTER, BOBBY T Street Address (P.O. Box Number is Not Acceptable) 4950 PARK BLVD. PINELLAS PARK, FL 33781 Zip Code FI 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE TITI F ☐ Change □ Delete NAME CARPENTER, BOBBY T NAME 4950 PARK BLVD. STREET ADDRESS STREET ADDRESS PINELLAS PARK, FL 33781 CITY-ST-ZiP CITY-ST-ZIP Change Addition TITLE Delete TITLE ROGERS, KEVIN NAME NAME STREET ADDRESS 4950 PARK BLVD. STREET ADDRESS PINELLAS PARK, FL. 33781 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of the receiver or truline 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 abdress, with all other like empowered.

14123 2008

Daytime Phone #