

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90012 039 ***150.00

DOCUMENT # P05000019608 1. Entity Name M.G. RE-SCREENING, INC.																											
Principal Place of Business 1028 NE 16 AVE FORT LAUDERDALE, FL 33304 US		Mailing Address 1028 NE 16 AVE FORT LAUDERDALE, FL 33304 US																									
2. Principal Place of Business - No P.O. Box # 3081 SE Miracle Lane Suite, Apt. #, etc.		3. Mailing Address 3081 SE Miracle Lane Suite, Apt. #, etc.																									
City & State Port St. Lucie, FL Zip 34952 Country USA		City & State Port St. Lucie, FL Zip 34952 Country USA																									
4. FEI Number 20-2286213		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent GENEREUX, NICOLE T 1028 NE 16 AVE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Nicole T. Genereux Street Address (P.O. Box Number is Not Acceptable) 3081 SE Miracle Lane City Port St. Lucie FL Zip Code 34952																									
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 Nicole T. Genereux / Nicole T. Genereux April 7-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GENEREUX, NICOLE T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1028 NE 16 AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FORT LAUDERDALE, FL 33304</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	GENEREUX, NICOLE T		STREET ADDRESS	1028 NE 16 AVE		CITY - ST - ZIP	FORT LAUDERDALE, FL 33304		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">3081 SE Miracle Lane</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Port St. Lucie, FL 34952</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	3081 SE Miracle Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Port St. Lucie, FL 34952		STREET ADDRESS			CITY - ST - ZIP		
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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: Nicole T. Genereux <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date (954) 253-0540 <small>Daytime Phone #</small>																									

Nicole T. Genereux, President