2007 FOR PROFIT CORPORATION

**ANNUAL REPORT** FILED .... Jul 31, 2007 08:00 AM DOCUMENT # P05000053665 . 1. Entity Name **Secretary of State** M L GENTILE, INC. Principal Place of Business Mailing Address **50 BENJAMIN DRIVE 50 BENJAMIN DRIVE** ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 US 07272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2692039 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GENTILE, MATTHEW L DO NOT WRITE 50 BENJAMIN DRIVE ORMOND BEACH, FL 32176 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 the it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution.  $\Box$ Added to Fees corporation did not receive the prior notice. 10 OFFICERS AND DIRECTORS PST TITLE GENTILE, MATTHEW L MARKE 50 BENJAMIN DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 Unnon00770992 TITLE 07/31/07-80009-013 150.00 NAME GENTILE, CYNTHIA A STREET ADDRESS 50 BENJAMIN DRIVE CITY-ST-ZIP ORMOND BEACH, FL 32176 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 3555.85 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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.

CITY-ST-ZIP