2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000121009

City-St-Zip:

ORLANDO, FL 32806

FILED Apr 26, 2009 Secretary of State

| Entity Na | me: MEDIAN | ET OF PALM BEACH, INC. | | | | | |
|--|--|--|-----------|--|---------------|---|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 2901 CURRY FORD ROAD STE #212 ORLANDO, FL 32806 | | | | 4255 TIDEWATER DR. ORLANDO, FL 32812 | | | |
| | ט, דב 32806 lailing Addre | | | New Maili | na Addroc | | |
| Current W | ianning Addres | . | | new main | ng Addres | 5. | |
| P O BOX ' KEY WES | 1714 T, FL 33041 | | | 4255 TIDE ORLANDO | | | |
| FEI Number | : 20-3406254 | FEI Number Applied For () | FEI Nun | nber Not Appl | icable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| JOHNSON, WADE F JR 2901 CURRY FORD RD STE 212 ORLANDO, FL 32806 US | | | | JOHNSON, WADE F JR 4255 TIDEWATER DR. ORLANDO, FL 32812 US | | | |
| | e named entity e of Florida. | submits this statement for the | purpose o | f changing i | ts registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | 04/26/2009 | | | |
| | Electro | nic Signature of Registered A | gent | | | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | PST (CHOLAK, DAN P.O. BOX 1714 KEY WEST, F | 1 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (CHOLAK, DAV P.O. BOX 608 ORLANDO, FL | 341 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: | JOHNSON, WA |) Delete NDE F JR. FORD RD SUITE 212 | | Title: Name: | V JOHNSON, | (X) Change () Addition WADE F JR. | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32812

SIGNATURE: WADE F. JOHNSON, JR. 04/26/2009 ٧