2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P06000038622 1. Entity Name 02-02-2007 90011 037 \*\*\*150.00 MULTINATIONAL RESOURCES LIMITED INC. Principal Place of Business Mailing Address 4830 SW 87 AVE. MIAMI FL 33165 4830 SW 87 AVE. MIAMI FL 33165 : A DE COL DE LETTE COL DE COLO COLO COLO COLO COLO COLO CALLO CALLO CALLO CALLO CALLO CALLO CALLO CALLO CALLO 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. \*, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo CLARK, EDWARD A. 4830 SW 87 AVE. Stroot Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** City Zip Code 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 Signature, lyging or printed name of empatered approximations and title if an electric (NOTE: Registered Agent signature required when remaining) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu. ☐ Delete IIILE ☐ Change Addition CLARK, EDWARD A. NAMI. MAME 4830 SW 87 AVE. STRULI ADDRESS STREET ADORESS MIAMI FL 33165 CHY-SI-ZIP CITY-ST-ZIP mu ☐ Delete PILE ☐ Change ☐ Addition SEARS, JAI NAME: NAME 4830 SW 87 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33165 CITY - ST - ZIP CITY - ST - 7IP Delete HILLE ☐ Change Addition NAME MAM STREET ADDRESS STREET ADDRESS CUTY-SI-ZIP CHY-ST-/IP mae. ☐ Delete MILE ☐ Change ☐ Addition NAM NAMI' STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST- 7/P ☐ Delele HILE ☐ Change Addition NAME NAME STREET ADORESS SIFICET ADDRESS CATY - ST - ZIP CIPY+SI+7IP □ Delete HELE ☐ Change Addition NAME NAME STREET ADDRESS SZREET ADDRESS CHY-S1-7IP CITY+S1-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Soction 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 eath; 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: Edward a Clark 1-25-07

FILED

Feb 22, 2007 8:00 am