

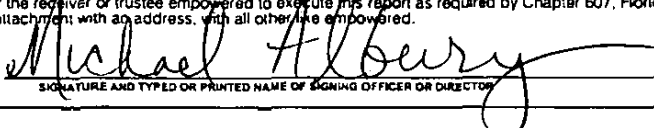


FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90067 001 ****75.00
08-07-2008 90067 002 ****75.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000043838						
1. Entity Name M & L INTERNATIONAL PROPERTIES, INC.						
Principal Place of Business 2414 W LEMON ST TAMPA, FL 33609		Mailing Address 2414 W LEMON ST TAMPA, FL 33609				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent ALBURY, MICHAEL RENARD 2414 W LEMON ST TAMPA, FL 33609		66015786  07082008 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 20-8636080</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 20-8636080	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 20-8636080	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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.		DO NOT WRITE IN THIS SPACE				
SIGNATURE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>						
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ALBURY, MICHAEL RENARD 2414 W LEMON ST TAMPA, FL 33609					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HINES, LINDA ANN 2414 W LEMON ST TAMPA, FL 33609					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
DO NOT WRITE IN THIS SPACE						
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: 		Date: <u>3 Aug 08</u>				