

2008 FOR PROFIT CORPORATION ANNUAL REPORT


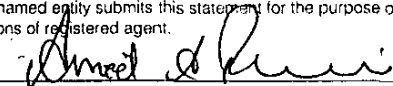

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 021 ***150.00

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03072008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000094374			
1. Entity Name MEDINA & SNYDER & ASSOCIATES, INC.			
Principal Place of Business 6252 COMMERCIAL WAY, #222 WEEKEE WACHEE, FL 34613		Mailing Address 6252 COMMERCIAL WAY, #222 WEEKEE WACHEE, FL 34613	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5285988		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 PUNWANI, AMEET ONE TAMPA CITY CENTER SUITE 2502 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name PUNWANI AMEET, A Street Address (P.O. Box Number is Not Acceptable) 30632 IVERSON DR City WESLEY CHAPEL FL Zip Code 33573	
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  DATE 3/5/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEDINA, ADRIAN 6252 COMMERCIAL WAY, #222 WEEKEE WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SNYDER, EILEEN R. 6252 COMMERCIAL WAY, #222 WEEKEE WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/21/08 <small>Date Daytime Phone #</small>	

Eileen R Snyder