2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90015 035 ***150.00 DOCUMENT # P06000107016 1. Entity Name MAURY BAGLEY, INC. Mailing Address Principal Place of Business 4475 NORTH OCEAN BLVD. 4475 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 No Chg-P CR2E034 (11/05) 04012008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5557628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BAGLEY, BEVERLY M DO NOT WRITE 4475 NORTH OCEAN BLVD. DELRAY BEACH, FL 33483 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 egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BAGLENBEVERLY M BAqıey NAME 4475 N. OCEAN BLVD 45-H STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE BAGLEY, ELIZABETH M NAME 1401 KENTON LANE STREET AODRESS ASHEVILLE, NC 28803 CITY-ST-ZIP TITLE BAGLEY, CARTER S NAME STREET ADDRESS 4475 N. OCEAN BLVD 45-H DO NOT WRITE CITY-ST-ZIP DELRAY BEACH, FL 33483 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone t

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