## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000125350

369 CRYSTAL RIDGE WAY

LAKE MARY, FL 32746

Address:

City-St-Zip:

Entity Name: MPD CIGARS, INC.

FILED Apr 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3005 W. LAKE MARY BLVD. SUITE 111 LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 3005 W. LAKE MARY BLVD. SUITE 111 LAKE MARY, FL 32746 FEI Number: 20-5632018 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CREEKMORE, CHARLES R 369 CRYSTAL RIDGE WAY LAKE MARY, FL 32746 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CREEKMORE, CHARLES R Name: Name: 369 CRYSTAL RIDGE WAY Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: CREEKMORE, BARBARA A Name:

Address:

City-St-Zip:

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.

SIGNATURE: BARBARA A CREEKMORE VP 04/01/2008