2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 01, 2008 8:00 am Secretary of State DOCUMENT # P06000130231 05-01-2008 90201 035 ***150 00 MLA SUPPORT SERVICES, INC. Mailing Address Principal Place of Business 2385 OXER COURT 2385 OXER COURT OVIEDO, FL 32765 OVIEDO, FL 32765 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5719981 Not Applicable \$8.75_Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDERSON, MICHELE L DO NOT WRITE 2385 OXER COURT **OVIEDO, FL 32765** 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. 1 am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ANDERSON, MICHELE L. STREET ADDRESS 2385 OXER COURT CITY-ST-70P OVIEDO, FL 32765 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED