## **2007 FOR PROFIT CORPORATION**

SIGNATURE:

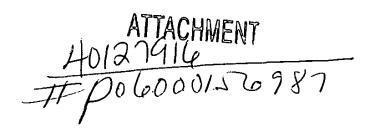
SIGNATURE AND TYPE

## Aug 02, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P06000156987** 08-02-2007 90012 035 \*\*\*150.00 1. Entity Name MICHAEL P. MCGRAW ENTERPRISES, INC. 40161010 Principal Place of Business Mailing Address 60 N. TROPICAL TRAIL 60 N. TROPICAL TRAIL MERRITT ISLAND, FL 32952--492 MERRITT ISLAND, FL 32952--492 2. Principal Place of Business - No P.O. Box # 07312007 CR2E034 (12/06) Applied For 4. FEI Number 20 - 8 City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGRAW, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 60 N. TROPICAL WAY MERRITT ISLAND, FL 32952--492 City Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Defete TITLE MCGRAW, MICHAEL P NAME NAME 60 N. TROPICAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 32952-492 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #



July 31, 2007

Division of Corporations Annual Reports Section P.O. Box 8800 Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2007.

The reason for the late filing is that we didn't receive the first postcard. (Notice the change of address) This is also the first year that I was aware that I had to pay this fee.

Based on the above reason, we ask for the penalties and reinstatement fees to be waived.

Thank you for your consideration

Michael P. McGraw Enterprises, Inc.