
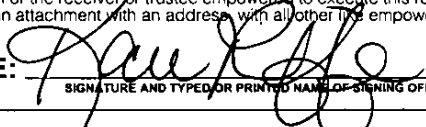


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 025 ***150.00

DOCUMENT # P07000026505 1. Entity Name MERIDIAN ASSET SERVICES, INC.			
Principal Place of Business 9721 EXECUTIVE CENTER DRIVE NORTH SUITE 140 ST. PETERSBURG, FL 33702 US		Mailing Address 9721 EXECUTIVE CENTER DRIVE NORTH SUITE 140 ST. PETERSBURG, FL 33702 US	
2. Principal Place of Business - No P.O. Box # 780 94th Ave N		3. Mailing Address 780 94th Ave N	
Suite, Apt. #, etc. Suite 109		Suite, Apt. #, etc. Suite 109	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33702		Zip 33702	
Country USA		Country USA	
4. FEI Number 20-8539186		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 RIFFE, KAREN 9721 EXECUTIVE CENTER DRIVE NORTH SUITE 140 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Riffe, Karen Street Address (P.O. Box Number is Not Acceptable) 780 94th Ave N Ste 109 City St. Petersburg FL Zip Code 33702	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RIFFE, KAREN <input type="checkbox"/> Delete 9721 EXECUTIVE CENTER DRIVE NORTH STE 140 ST. PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Riffe, Karen 780 94th Ave N, Ste 109 St. Petersburg, FL 33702
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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
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
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 the empowered.			
SIGNATURE: 		Date 07/11/08 Daytime Phone # 727-497-4651x174	