


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 015 ***150.00

DOCUMENT # P07000060600		
1. Entity Name MLRA ENTERPRISES, INC.		

Principal Place of Business 4142 SW 22ND COURT CAPE CORAL, FL 33914 US	Mailing Address 4142 SW 22ND COURT CAPE CORAL, FL 33914 US
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2. Principal Place of Business - No P.O. Box # 8151 Henderson Grade	3. Mailing Address 8151 Henderson Grade
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. Ft. Myers FL	City & State N. Ft. Myers FL
Zip 33917	Zip 33917
Country U.S.	Country U.S.



03032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent COOK, MICHELLE 4142 SW 22ND COURT CAPE CORAL, FL 33914	
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4. FEI Number 20-8978281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 8151 HENDERSON GRADE	
City N FT MYERS	FL Zip Code 33917

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 <i>Michelle Cook</i>	DATE 3.10.08
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, MICHELLE		NAME	
STREET ADDRESS 4142 SW 22ND COURT		STREET ADDRESS 8151 Henderson Grade	
CITY-ST-ZIP CAPE CORAL, FL 33914		CITY-ST-ZIP N. Ft. Myers FL 33917	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
SIGNATURE: <i>Michelle Cook</i>	DATE: 3/13/08 PHONE: 239-275-7746
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>	