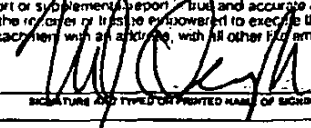
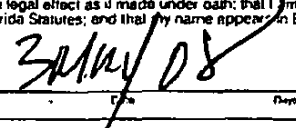


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/5

FILED
Aug 01, 2008 8:00 am
Secretary of State

05-07-2008 90106 012 ***150.00

DOCUMENT # P07000103121			
1. Entity Name MJR BUSINESS DEVELOPMENT INC			
Principal Place of Business 551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688		Mailing Address 551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688	
2. Principal Place of Business - No P.O. Box # 128 Georgia Ave.		3. Mailing Address P.O. Box 584	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State Crystal Beach, FL		City & State Crystal Beach, FL	
Zip 34681		Zip 34681	
Country USA		Country USA	
4. FEI Number 26-111 4239		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHEILA J. PRIEST, EA, LLC 1000 OMAHA STREET PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature typed or printed name of registered agent and state if applicable (P.O. Box Number is Not Acceptable) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P RUSCIGNO, MICHAEL J 551 BRIDLE PATH WAY TARPON SPRINGS, FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Ruscigno, Michael J 128 Georgia Ave Crystal Beach, FL 34681 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 officer 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 officers empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		NAME	