


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90043 003 ***150.00

DOCUMENT # P93000059254		
1. Entity Name M & T PARK INVESTORS, INC.		

Principal Place of Business 6550 53RD STREET NORTH PINELLAS PARK, FL 33781 US	Mailing Address POB 40693 ST PETERSBURG, FL 33743
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 6550 53rd St N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Pinellas Park Fl	4. FEI Number 59-3198431	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		33781	USA

6. Name and Address of Current Registered Agent MCVEY, JOHN W 205 66TH ST S ST PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name <u>HINES Norman Hines P.C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>315 S. HYDE PARK AVE.</u> City <u>TAMPA</u> FL Zip Code <u>33606</u>	
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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 <u>James Hines</u> , Pres. of HNA P.C.	
SIGNATURE <u>John W. McVey</u> Secretary		DATE <u>3/3/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOCCALINO, GEORGE 5652 BAYVIEW DRIVE SEMINOLE, FL 33772 <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	STD MCCVEY, JOHN W. 205 66TH STREET SOUTH ST. PETERSBURG, FL <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
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
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 like empowered.	
SIGNATURE: <u>George Toccalino</u> President	Date <u>3-3-08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	