2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056023

Entity Name: MENNA BROTHERS NUMBER TWO. INC

FILED Aug 14, 2009 Secretary of State

y		orto merco resimble con traction, i	140.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
38724 US 19N TARPON SPRINGS, FL 34689 Current Mailing Address:				36464 US 19 N PALM HARBOR, FL 34684 New Mailing Address:		
			New Maili			
P.O. BOX TARPON S		346881297 US				
FEI Number:	: 59-3459269	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	AGOSTINO ILWICK DR N ATER, FL 3376	61 US				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	VP () MENNA, MARIO 38724 US 19N TARPON SPRIN		Title: Name: Address: City-St-Zip:	MENNA, MAF 36464 US 19		
Title: Name: Address: City-St-Zip:	CEO () MENNA, JOHN 38724 US 19 N TARPON SPRI		Title: Name: Address: City-St-Zip:	MENNA, JOH 36464 US 19		
Title: Name: Address: City-St-Zip:	P () MENNA, AGOS 2958 KENILWIG CLEARWATER	CK DR N	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DSTV () MENNA, MARC 2896 CHANCER CLEARWATER	RY LANE	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO MENNA VP 08/14/2009