

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90230 001 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P98000002418					
1. Entity Name M.C. LOCHMAIER INC.					
Principal Place of Business 44 COCOANUT ROW SUITE #M207 PALM BEACH, FL 33480 US			Mailing Address 44 COCOANUT ROW SUITE #M207 PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box # <b>205 WORTH AVENUE</b>		3. Mailing Address <b>205 WORTH AVENUE</b>			
Suite, Apt. #, etc. <b>307C</b>		Suite, Apt. #, etc. <b>307C</b>			
City & State <b>PALM BEACH, FL</b>		City & State <b>PALM BEACH, FL</b>		4. FEI Number <b>59-3486015</b>	
Zip <b>33480</b>		Country <b>USA</b>		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 LOCKMAIER, MERRILL 44 COCOANUT ROW SUITE M207 PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name <b>MERRILL LOCHMAIER</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 WORTH AVENUE</b> <b># 307 C</b> City <b>PALM BEACH</b> FL <b>33480</b>		
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		<b>MERRILL LOCHMAIER, PRES</b>		DATE <b>4.28.08</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCHMAIER, MERRILL		NAME		
STREET ADDRESS	44 COCOANUT ROW		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOCHMAIER, LINDI		NAME		
STREET ADDRESS	5885 5TH AVE., SOUTH		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707		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 supplement to this 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 my address, with all other like empowered.					
SIGNATURE:		<b>MERRILL LOCHMAIER, PRES</b>		DATE <b>4.28.08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	