2008 FOR PROFIT CORPORATION ANNUAL REPORT May 01, 2008 08:00 AN Secretary of State DOCUMENT # P98000015225-1 MICHAEL SEERY & ASSOCIATES, INC. Principal Place of Business Mailing Address 630 S. ORANGE AVENUE 630 S. ORANGE AVENUE SUITE 101 SUITE 101 SARASOTA, FL 34236 SARASOTA, FL 34236 No Chg-P CR2E034 (11/05) 04292008 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0842095 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SEERY, MICHAEL W DO NOT WRITE 11701 CREEK SHED PLACE SARASOTA, FL 34240 IN THIS SPACE 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.

NAME STREET ADDRESS

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

FILED

Applied For

\$8.75 Additional

Fee Regulred

DATE

Not Applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Financir Trust Fund Contribution. 	g 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				11000000 11740	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SEERY, MICHAEL 11701 CREEK SHED PLACE SARASOTA, FL 34240				U00000941749 O5/28/08-80119-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(NOTE: Registered Agent signature required when reinstating)