


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P98000036869

1. Entity Name
M & E TIMBER, INC.



Principal Place of Business Mailing Address

2451 E. ELLISON ROAD 2451 E. ELLISON ROAD
 PERRY, FL 32347 PERRY, FL 32347

DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3506094

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRUITT, ELAINE
 2451 E. ELLISON ROAD
 PERRY, FL 32347

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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 _____ DATE _____
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. **\$5.00** May Be Added to Fees

1100000996310
 04/25/08-80003-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRUITT, MERRITT
STREET ADDRESS	2451 E. ELLISON ROAD
CITY- ST- ZIP	PERRY, FL 32437
TITLE	ST
NAME	PRUITT, ELAINE
STREET ADDRESS	2451 E. ELLISON ROAD
CITY- ST- ZIP	PERRY, FL 32347
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Elaine Pruitt Elaine Pruitt 4-10-08 850-584-6650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #