2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000078354

1. Entity Name

MP!/PINE CREST SQUARE, INC.



Principal Place of Business

200 CONGRESS PARK DRIVE

SUITE 205

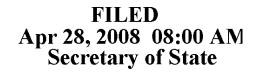
DELRAY BEACH, FL 33445

Mailing Address

200 CONGRESS PARK DRIVE

SUITE 205

DELRAY BEACH, FL 33445





01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0862972 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

Daytime Phone #

6. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M 200 CONGRESS PARK DRIVE SUITE 104 DELRAY BEACH, FL 33445

SIGNATURE:

DO NOT WRITE 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.					
SIGNATURE					
Signeture, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANDOR, ROBERT 200 CONGRESS PARK DR., SUITE 2 DELRAY BEACH, FL 33445	205			000000925601 05/20/08-80032-019 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP OTTO, JOSEPH 200 CONGRESS PARK DR., SUITE 2 DELRAY BEACH, FL 33445	05			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTTO, JOSEPH 200 CONGRESS PARK DR., SUITE 2 DELRAY BEACH, FL 33445	05		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			•	·
12. I hereby certify that the information applies 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 cath; that I am an officer or director of the corporation or the receiver or trustsee empowered to execute his 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.					