FILED 2008 FOR PROFIT CORPORATION Apr 14, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P99000042539** MAYNE INVESTMENTS, INC. Mailing Address Principal Place of Business 270 MALABAR RD. S.W. 270 MALABAR RD. S.W. PALM BAY, FL 32907 PALM BAY, FL 32907 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3579448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, DIANE A DO NOT WRITE 1701 BROOKSHIRE CIRCLE MELBOURNE, FL 32904 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ADAMS, DOROTHY C NAME 814 SEPTEMBER AVE STREET ADDRESS

CITY - ST - ZIP PALM BAY, FL 32907 TITLE

000000898173 04/25/08-80078-003 158.75

DO NOT WRITE IN THIS SPACE

CITY - ST - ZIP 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

Abruthy C. adama
signature and Typed or Printed Name of Signing Officer or Director