

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000099379

1. Entity Name
MURLAUD, INC.



Principal Place of Business
1700 NW 66 AVE STE 102
FORT LAUDERDALE, FL 33313

Mailing Address
1700 NW 66 AVE STE 102
FORT LAUDERDALE, FL 33313

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0974851	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M
1700 NW 66 AVE
STE 102
FORT LAUDERDALE, FL 33313

**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

Signature, typed or printed name of registered agent and title 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 Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, WILLIAM M
STREET ADDRESS	1700 NW 66 AVE STE 102
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
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 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: William H. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Murphy 4/3/08

Date

(954)
746-2221
Daytime Phone #