2008 FOR PROFIT CORPORATION

Apr 04, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # V01243** 1. Entity Name FRANK MURRAY AND SONS, INC. Principal Place of Business Mailing Address 1310 53RD STREET 1310 53RD STREET WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 03172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0303741 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNN MURRAY-SHEA DO NOT WRITE 1310 53RD ST WEST PALM BEACH, FL 33407 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 tiple if applicable (NOTE: Registered Agent eignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MURRAY-SHEA, LYNN 1310 53RD ST STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE MURRAY, VINCENT NAME STREET ADDRESS 1310 53RD ST CHY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE MURRAY, MICHAEL NAME STREET ADDRESS 1310 53RD ST DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE IN THIS SPACE 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 the empowered.

TITLE NAME STREET ADDRESS CITY-ST - ZIP TITLE NAME STREET ADDRESS CUY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

FILED