2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

IGNATURE:

Feb 01, 2008 8:00 am **Secretary of State DOCUMENT #V13599** 02-01-2008 90028 035 ***150.00 1. Entity Name M.E.A. INSTRUMENTS, INC. Principal Place of Business Mailing Address 7205 PLUMOSA LANE 4828 N KINGS HWY FT PIERCE, FL 34951 US PMB 501 FT PIERCE, FL 34951 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272008 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3117313 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TWIDDY, CHARLES R 1205 PLUMOSA LANE FORT PIERCE, FL 34951 EACE 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. DATE (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ĪŌ. 11. ☐ Delete Change Addition TITLE ITLE TWIDDY, CHARLES R IAME NAME 7205 PLUMOSA LANE STREET ADDRESS TREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34951 :TY-ST-ZIF ☐ Change Addition ITLE Octobe AME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TLE NAME AME STREET ADDRESS TREET ADORESS CITY-ST-ZIF ITY-ST-710 Change ☐ Addition Delete RE NAME WE REET ADDRESS STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Addition Delete Change | TLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP Delete ☐ Change ☐ Addition TITLE Œ ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP 1. 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 int with an address, with all other like empowered. 1-30-08 722-46-87

FILED

Davime Phone #