I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: MALCOLM BALLINGER

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: GULF BREEZE FL 32563

01/10/2014

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. SIGNATURE: MALCOLM BALLINGER

Electronic Signature of Registered Agent				Date
Officer/Director Detail :				
Title	D	Title	D	
Name	BALLINGER, GLENYS	Name	BALLINGER, MALCOLM	
Address	1449 PLAYERS CLUB CIRCLE	Address	1449 PLAYERS CLUB CIRCLE	

City-State-Zip: GULF BREEZE FL 32563

Current Mailing Address:

P O BOX 12665 PENSACOLA, FL 32591 US

DOCUMENT# P02000098101

41 N JEFFERSON ST

PENSACOLA, FL 32502

SUITE 402

Entity Name: MGB OF GULF BREEZE, INC.

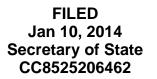
Current Principal Place of Business:

FEI Number: 52-2377110

Name and Address of Current Registered Agent:

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

BALLINGER, MALCOLM 41 N JEFFERSON ST SUITE 402 PENSACOLA, FL 32502 US



Certificate of Status Desired: No

01/10/2014 Date