


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # G19442 1. Entity Name MYRO, INC.	
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Principal Place of Business 100 E. PRATT STREET 26TH FLOOR BALTIMORE, MD 21202 US	Mailing Address 100 E. PRATT STREET 26TH FLOOR BALTIMORE, MD 21202 US
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2289681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, MYRIAM .. CO L MCLAUGHLIN ESQ 100 E PRATT ST 26TH FL BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MCLAUGHLIN, L CONTENT 100 E. PRATT STREET, 26TH FLOOR BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SALAS, MYRIAM CO L MCLAUGHLIN ESQ 100 E PRATT ST 26TH FL BALTIMORE, MD 21202
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02/02/07-80065-010 150.00

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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 reports 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:  **1/26/07** **410 752-9755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #