

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12129

FILED
Apr 08, 2009
Secretary of State

Entity Name: MANAGEMENT AFFILIATES, INC.

Current Principal Place of Business:

111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2441645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEB, SARAH
111 N. ORLANDO AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARADIS, BRIAN
Address: 1051 OAK POINT CIR.
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: WOOTEN, SCOTT
Address: 302 MAGNOLIA OAKS DR.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: WEDEL, EUGENE
Address: 4773 LAKE CALABAY DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: CD () Delete
Name: REINER, RICHARD
Address: 1816 LOST PINE LANE
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: SEIFERT, LEWIS
Address: 4029 COOLWATER CT.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRIAN PARADIS

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date