2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N93000002876

Entity Name: MAHOGANY REVUE RESEARCH AND DEVELOPMENT CENTER, (MR.RDC), INCORPORATED

Current Principal Place of Business:

903 OSCEOLA AVE.
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 4954
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3514224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, FRANCISO
903 OSCEOLA AVE.
OCALA, FL 34470 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWIS-KHUFIA, CANDACE N
Address: 1310 W. SILVER SPRINGS
City-St-Zip: OCALA, FL 34475

Title: SD ( ) Delete
Name: JACOBS, MARY
Address: 2004 W SLIVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete
Name: GRIMSLEY, CASSANDRA
Address: POB 617
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEWIS-SHASHIKARSHE, CANDACE N
Address: 903 NE OSCEOLA AVENUE
City-St-Zip: OCALA, FL 34470

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. CANDACE LEWIS-SHASHIKARSHE D 01/13/2009

Electronic Signature of Signing Officer or Director — Date