

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057629

Entity Name: MARDEL ASSOCIATES, INC.

FILED  
Apr 23, 2006  
Secretary of State

## Current Principal Place of Business:

4252 S.W. 186 AVENUE  
MIRAMAR, FL 33029

## New Principal Place of Business:

1518 BYRON NELSON PARKWAY  
SOUTHLAKE, TX 76092

## Current Mailing Address:

4252 S.W. 186 AVENUE  
MIRAMAR, FL 33029

## New Mailing Address:

1518 BYRON NELSON PARKWAY  
SOUTHLAKE, TX 76092

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIORE, LOIS R  
4252 S.W. 186 AVENUE  
MIRAMAR, FL 33029 US

## Name and Address of New Registered Agent:

RAYNOR, JEFFREY  
14241 US HWY 1  
JUNO BEACH, FL 33408 US

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: JEFFREY RAYNOR,

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FIORE, LOIS R  
Address: 4252 S.W. 186 AVENUE  
City-St-Zip: MIRAMAR, FL 33029

Title: V ( ) Delete  
Name: FIORE, TIMOTHY N  
Address: 4252 SW 186TH AVE.  
City-St-Zip: MIRAMAR, FL 33029

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FIORE, LOIS R  
Address: 1518 BYRON NELSON PARKWAY  
City-St-Zip: SOUTHLAKE, TX 76092

Title: V (X) Change ( ) Addition  
Name: FIORE, TIMOTHY N  
Address: 1518 BYRON NELSON PARKWAY  
City-St-Zip: SOUTHLAKE, TX 76092

I hereby certify that the information supplied with this filing does not qualify for the 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: LOIS R. FIORE

D

04/23/2006

Electronic Signature of Signing Officer or Director

Date