


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H61966 1. Entity Name MIND PRODUCTIONS AND ASSOCIATES, INC.	
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Principal Place of Business 324 N COPELAND ST TALLAHASSEE, FL 32304 US	Mailing Address PO BOX 11221 TALLAHASSEE, FL 32302
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2694588	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 AKBAR, NA'IM 324 N COPELAND ST TALLAHASSEE, FL 32304
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000859314 04/02/08-80017-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AKBAR, NA'IM 324 N COPELAND ST TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 report 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: *Na'im Akbar* 3/14/2008 (850) 222-1764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**