2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 507033

Name:

Address:

City-St-Zip:

GRANT, JOHN,

1701 LEE ROAD, SUITE A

WINTER PARK, FL 32789

FILED Mar 13, 2009 Secretary of State

Entity Nai	me: M. D. CA	RLISLE CORP. OF FLORIDA			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1701 LEE ROAD SUITE A WINTER PARK, FL 32789				352 PARK AVENUE SOUTH NEW YORK, NY 10010	
Current M	lailing Addre	ss:	New Mailing Addre	New Mailing Address:	
1701 LEE SUITE A WINTER F	ROAD PARK, FL 327	89			
FEI Number:	: 59-1692338	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
GRANT, JOHN 1701 LEE ROAD SUITE A WINTER PARK, FL 32789 US The above named entity submits this statement for the purpose				1701 LÉE ROAD SUITE A WINTER PARK, FL 32789 US	
in the State	e of Florida.	submits this statement for the	purpose of changing its registe	red office of registered agent, or both,	
SIGNATURE: JOHN GRANT, VP				03/13/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (FELDMAN, HA 5305 WOODL TAMARAC FL,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (EVAN STEIN, 352 PARK AVE NEW YORK, N		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN GRANT VΡ 03/13/2009