

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720718

FILED
Jan 14, 2009
Secretary of State

Entity Name: MAINLANDS FIVE, INC.

Current Principal Place of Business:

4890 N.W. 50TH STREET
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

4890 N.W. 50TH STREET
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 59-2351360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TAYLOR, MICHAEL O
4952 N.W. 48TH AVENUE
TAMARAC, FL 33319 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: P () Delete
Name: TAYLOR, MICHAEL O
Address: 4952 N.W. 48TH AVENUE
City-St-Zip: TAMARAC, FL 33319

Title: ST () Delete
Name: BARA, MARGARET P
Address: 4812 NW 49TH DR
City-St-Zip: TAMARAC, FL 33319

Title: VPD () Delete
Name: CANGELLO, ANGELO
Address: 4951 NW 47TH TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: WHEATON, KAREN
Address: 4966 NW 48TH TERRACE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: BURGESS, SYBIL
Address: 4951 NW 48TH AVENUE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: JOHNSON, DORIS
Address: 4912 NW 48TH AVENUE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CLAUS, MARGARET L
Address: 4716 N.W. 49TH PLACE
City-St-Zip: TAMARAC, FL 33319

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

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

Title: S (X) Change () Addition
Name: BURGESS, SYBIL
Address: 4951 NW 48TH AVENUE
City-St-Zip: TAMARAC, FL 33319

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: MARGARET L. CLAUS

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date