

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720718

FILED
Feb 08, 2012
Secretary of State

Entity Name: MAINLANDS FIVE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

4716 N.W. 49TH PLACE
TAMARAC, FL 33319 US

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

Title: T
Name: CLAUS, MARGARET L
Address: 4716 N.W. 49TH PLACE
City-St-Zip: TAMARAC, FL 33319 US

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

Title: D
Name: POWELL, TREVOR
Address: 4720 N.W. 49TH DRIVE
City-St-Zip: TAMARAC, FL 33319 US

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

Title: D
Name: SHEA, JAMES E
Address: 4707 N.W. 50TH STREET
City-St-Zip: TAMARAC, FL 33319 US

I hereby 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 all other like empowered.

SIGNATURE: MARGARET L. CLAUS

TREA

02/08/2012

Electronic Signature of Signing Officer or Director

Date