

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 11, 2008
Secretary of State**

DOCUMENT# F01000006188

Entity Name: MPF DELAWARE, INC.

Current Principal Place of Business:

16000 NW 59TH AVE.
#104
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

16000 NW 59TH AVE.
#104
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 31-1811860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: SCAGLIONE, ALBERT
Address: 16000 NW 59TH AVE., #104
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: SCAGLIONE, MARK
Address: 16000 NW 59TH AVE., #104
City-St-Zip: MIAMI LAKES, FL 33014

Title: VST () Delete
Name: YANKE, NICOLETTE
Address: 16000 NW 59TH AVE., #104
City-St-Zip: MIAMI LAKES, FL 33014

Title: COO (X) Delete
Name: SLATON, MICHAEL W
Address: 16000 NW 59TH AVE., #104
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MOLINA, ALBERT R
Address: 16000 NW 59TH AVE., #104
City-St-Zip: MIAMI LAKES, FL 33014

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT MOLINA

VP

09/11/2008

Electronic Signature of Signing Officer or Director

_____ Date