

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 008 ***150.00

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1. Entity Name
MYND CORPORATION



Principal Place of Business
**10301 WILSON BLVD.
BLYTHEWOOD, SC 29016**

Mailing Address
**10301 WILSON BLVD.
BLYTHEWOOD, SC 29016**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number

63-1241836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPF** ☐ Delete
NAME **KEANE, MICHAEL E**
STREET ADDRESS **2100 EAST GRAND AVE**
CITY-STATE-ZIP **EL SEGUNDO, CA 90245**

TITLE **VPT** ☒ Delete
NAME **LEVEL, LEON J**
STREET ADDRESS **2100 E. GRAND AVENUE**
CITY-STATE-ZIP **EL SEGUNDO, CA 90245**

TITLE **VPS** ☐ Delete
NAME **FISK, HAYWARD D**
STREET ADDRESS **2100 E. GRAND AVENUE**
CITY-STATE-ZIP **EL SEGUNDO, CA 90245**

TITLE **VPAT** ☐ Delete
NAME **GILMORE, LOU ANNE**
STREET ADDRESS **9500 ARBORETUM BLVD.**
CITY-STATE-ZIP **AUSTIN, TX 787596399**

TITLE **AS** ☐ Delete
NAME **JOHNSON, STEPHEN E**
STREET ADDRESS **2100 E. GRAND AVENUE**
CITY-STATE-ZIP **EL SEGUNDO, CA 90245**

TITLE **T** ☐ Delete
NAME **IRVIN, THOMAS R**
STREET ADDRESS **2100 E GRAND AVE**
CITY-STATE-ZIP **EL SEGUNDO, CA 90245**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Flynn

04/25/07

Date

310.615.0311

Daytime Phone #