

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004651

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: MANAGEMENT INFORMATION PRODUCTION COMPANY

**Current Principal Place of Business:**

1448 NW 41ST ROAD  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1448 NW 41ST ROAD  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 52-1448272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POSNER, MICHAEL J  
4420 BEACON CIRCLE, SUITE 100  
WEST PALM BEACH, FL 33407 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PCS ( ) Delete  
Name: EWELL, KEN  
Address: 1448 NW 41ST ROAD  
City-St-Zip: GAINESVILLE, FL 32605

Title: WVCT ( ) Delete  
Name: ADI, TOM DR.  
Address: 5405 PACIFIC COAST HIGHWAY # 19  
City-St-Zip: WALDPORT, OR 97394

Title: D ( ) Delete  
Name: SISSON, BILL  
Address: 400 E. REMINGTON DR., #D138  
City-St-Zip: SUNNYVALE, CA 94087

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: KEN EWELL

PCS

03/23/2009

Electronic Signature of Signing Officer or Director

Date