2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# J88669

Entity Name: MDE CORP.

Current Principal Place of Business:

M.D.E. CORPORATION
9720 S.E. CR 25
BELLEVIEW, FL 34420 US

New Principal Place of Business:

Current Mailing Address:

M.D.E. CORPORATION
9720 SE CR 25
BELLEVIEW, FL 34420 US

New Mailing Address:

FEI Number: 59-6932754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILER, DONNIE D.
9720 SE C-25
BELLEVIEW, FL 34420 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: P ( ) Delete
Name: FILER, DONNIE D,
Address: 9720 SE C-25
City-St-Zip: BELLEVIEW, FL

Title: VPS ( ) Delete
Name: FILER, MARY
Address: 12931 S.E. 115 AVE.
City-St-Zip: BELLEVIEW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPS (X) Change ( ) Addition
Name: FILER, MARY
Address: 12931 S.E. 115 AVE.
City-St-Zip: BELLEVIEW, FL 34420 US

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: MARY A. FILER VPS 02/28/2009

Electronic Signature of Signing Officer or Director Date