2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88463

Entity Name: MCAFEE MANDARIN, INC.

FILED Apr 16, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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12646 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US

12646 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223 US

Current Mailing Address: New Mailing Address:

12646 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US
12646 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223 US

FEI Number: 59-2900029 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 US CONTEGA BUSINESS SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 US

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: CHRISTIAN M. COX, VP 04/16/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MCAFEE, ROBERT S MCAFEE, ROBERT S Name: Name: 12646 SAN JOSE BLVD 12646 SAN JOSE BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 US City-St-Zip: JACKSONVILLE, FL 32223 US

Title: DVT () Delete Title: DVT (X) Change () Addition
Name: MCAFEE. ANN C Name: MCAFEE. ANN C

 Address:
 12646 SAN JOSE BLVD
 Address:
 12646 SAN JOSE BOULEVARD

 City-St-Zip:
 JACKSONVILLE, FL 32223 US
 City-St-Zip:
 JACKSONVILLE, FL 32223 US

Title: () Delete Title: V () Change (X) Addition

Name: Name: SMITH, RANIA

Address: Address: 12646 SAN JOSE BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT S. MCAFEE DP 04/16/2007