

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006547

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: MANIFESTATIONS WORLDWIDE, INC.

**Current Principal Place of Business:**

3102 E. LAKE AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3102 E. LAKE AVE  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-3731193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JONES, MARK  
7120 HAMILTON PARK BLVD.  
TAMPA, FL 33615 US

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

JONES, MARK T SR.  
7120 HAMILTON PARK BLVD.  
TAMPA, FL 33615 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: MARK T. JONES SR.

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, MARK T DR.  
Address: 7120 HAMILTON PARK BLVD.  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: WEEMS, WILLIE  
Address: 26854 SAXONY WAY APT 105  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: BOLES, GAIL  
Address: 6801 MIDDLEWOOD CT..  
City-St-Zip: TAMPA, FL 33634

Title: DT ( ) Delete  
Name: GRIFFIN, FRANCIS  
Address: 4603 ASHLAND DR.  
City-St-Zip: TAMPA, FL 33610

Title: DA ( ) Delete  
Name: WALTON, KATHERINE  
Address: 211 W. FLORIBRASKA AVE.  
City-St-Zip: TAMPA, FL 33603

**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:

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

SIGNATURE: MARK T. JONES SR.

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date