

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005545

FILED
Jun 22, 2009
Secretary of State

Entity Name: MILLS FIFTY MAINSTREET CO.

Current Principal Place of Business:

911 N. MILLS AVE.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

911 N. MILLS AVE.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 80-0203856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLONIAL PHOTO & HOBBY
634 N. MILLS
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MIKE, RAUSH
634 N. MILLS
ORLANDO, FL 32803 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: MICHAEL RAUSCH

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ERICKSON, KRISTINE
Address: 5606 ELIZABETH ROSE SQ.
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: MARTENS, DAVID J
Address: 229 E. AMELIA ST.
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: THOMPSON, JEFFREY S
Address: 600 E. AMELIA ST.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: PRICE, BYRON
Address: 812 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: KEARNS, ALISHA
Address: 3808 FINCH ST.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: TWINH-LE, TO-LAN
Address: 1200 DELANEY AVE.
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ERICKSON, KRISTINE
Address: 5606 ELIZABETH ROSE SQ.
City-St-Zip: ORLANDO, FL 32810

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

Title: () Change () Addition
Name:
Address:
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Name:
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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: KRISTINE ERICKSON

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date