2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N08000006912

Entity Name: MAPLE LEAF COMMERCE CENTER INC.

Current Principal Place of Business:

2582 MIKLER ROAD SUITE 1008
OVIEDO, FL 32765

New Principal Place of Business:

2582 MIKLER ROAD
SUITE 1008
OVIEDO, FL 32765

Current Mailing Address:

2582 MIKLER ROAD SUITE 1008
OVIEDO, FL 32765

New Mailing Address:

2582 MIKLER ROAD
SUITE 1008
OVIEDO, FL 32765

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

INDRUNAS, THOMAS J DPST
2582 MIKLER ROAD
SUITE 1008
OVIEDO, FL 32765 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: THOMAS J. INDRUNAS 04/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: INDRUNAS JR., THOMAS J
Address: 2582 MIKLER ROAD SUITE 1008
City-St-Zip: OVIEDO, FL 32765

Title: DPST ( ) Delete
Name: INDRUNAS, SR., THOMAS J
Address: 2582 MIKLER ROAD SUITE 1008
City-St-Zip: OVIEDO, FL 32765

Title: DVP ( ) Delete
Name: INDRUNAS, DOUGLAS P
Address: 2582 MIKLER ROAD SUITE 1008
City-St-Zip: OVIEDO, FL 32765

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

SIGNATURE: DOUGLAS P. INDRUNAS DVP 04/17/2009
Electronic Signature of Signing Officer or Director Date