## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08469

FILED Jan 07, 2008 Secretary of State

Entity Name: MANDARIN MARAUDERS, INC.

Current Principal Place of Business: New Principal Place of Business:

280 SPARROWBRANCH CIRCLE. 12090CREEKWOOD WAY SOUTH.
JACKSONVILLE, FL 32259 US JACKSONVILLE, FL 32259 US

Current Mailing Address: New Mailing Address:

280 SPARROWBRANCH CIRCLE. .1209 CREEKWOOD WAY S JACKSONVILLE, FL 32259 US JACKSONVILLE, FL 32259 US

FEI Number: 59-2506608 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:

KING, JAMES

536 CHERYL CT.

JACKSONVILLE, FL 32259 US

LAPIRA, FRAN

1209 CREEKWOOD WAY S.

JACKSONVILLE, FL 32259 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: FRAN LAPIRA 01/07/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 S
 (X) Change ( ) Addition

 Name:
 KING, JAMES R
 Name:
 LAPIRA, FRAN

 Address:
 280 SPARROW BRANCH CIR
 Address:
 1209 CREEKWOOD WAY S

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:
 JACKSONVILLE, FL 32259

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

 Name:
 ZELENKOV, KAREN
 Name:

 Address:
 4168 ARKENKOV CT.
 Address:

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

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KINDRED, JAMES
 Name:

 Address:
 536 CHERYL CT.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259
 City-St-Zip:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KING, SARA J
 Name:

 Address:
 280 SPARROW BRANCH CIR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259
 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: KAREN ZELENKOV V 01/07/2008