


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000002876 1. Entity Name MAHOGANY REVUE RESEARCH AND DEVELOPMENT CENTER, (MR.RDC), INCORPORATED	
---	---

Principal Place of Business 903 OSCEOLA AVE. OCALA, FL 34470	Mailing Address P. O. BOX 4954 OCALA, FL 34478
--	--

DO NOT WRITE IN THIS SPACE



03022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3514224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, FRANCISO 903 OSCEOLA AVE. OCALA, FL 34470	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 03/14/07-80023-008 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS-KHUFIA, CANDACE N 1310 W. SILVER SPRINGS OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, MARY 2004 W SLIVER SPRINGS BLVD OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIMSLEY, CASSANDRA POB 617 ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2 Mar 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #