2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N94000000453

Entity Name: MAINSTREAMING PLUS, INC.

Current Principal Place of Business:

111 N W 183 STREET
350
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

111 N W 183 STREET
350
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-0465829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BREWSTER, ANNABEL
111 N W 183 STREET
350
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BREWSTER, ANNABEL	
Address:	111 N W 183 STREET, #350	
City-St-Zip:	MIAMI, FL 33169	
Title:	SD	( ) Delete
Name:	AGHINA, HENRY	
Address:	9625 S W 148 PLACE	
City-St-Zip:	MIAMI, FL 33196	
Title:	CD	( ) Delete
Name:	NWADIKE, EMMANUEL	
Address:	261 N E 1 STREET, SUITE 200	
City-St-Zip:	MIAMI, FL 33132	
Title:	D	( ) Delete
Name:	GIBSON, SHIRLEY	
Address:	251 N.W. 196TH STREET	
City-St-Zip:	MIAMI, FL 33169	
Title:	D	( ) Delete
Name:	YAP, GEORGE	
Address:	2450 N.W. 76TH STREET	
City-St-Zip:	MIAMI, FL 33147	
Title:	ED	( ) Delete
Name:	TANG, VENGHAN	
Address:	8401 S.W. 107TH AVENUE	
City-St-Zip:	MIAMI, FL 33173	

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:	
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: ANNABEL BREWSTER PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date