

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000096296

Entity Name: MEDIATIONS PLUS, INC.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

118 W. CERVANTES ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

118 W. CERVANTES ST.  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 59-3681373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORTER, CARMELA  
118 W. CERVANTES ST.  
PENSACOLA, FL 32501 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: PST  
Name: PORTER, CARMELA  
Address: 6209 VICKSBURG DRIVE  
City-St-Zip: PENSACOLA, FL 32503

Title: VP  
Name: PORTER, HENRY  
Address: 6209 VICKSBURG DRIVE  
City-St-Zip: PENSACOLA, FL 32503

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARMELA PORTER

PST

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date