

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009828

Entity Name: MYTHLANDIA, INC.

FILED  
Jul 22, 2008  
Secretary of State

## Current Principal Place of Business:

719 EASTLAWN DRIVE  
KISSIMMEE, FL 34747 US

## New Principal Place of Business:

## Current Mailing Address:

530 E CENTRAL BLVD  
#1202  
ORLANDO, FL 32801 US

## New Mailing Address:

719 EASTLAWN DR  
CELEBRATION, FL 34747

FEI Number: 59-3693702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WIGGLESWORTH, PHIL J  
530 E CENTRAL BLVD  
#1202  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

WIGGLESWORTH, PHIL J PHIL WI  
719 EASTLAWN DR  
CELEBRATION, FL 34747 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: PHIL WIGGLESWORTH

07/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WIGGLESWORTH, PHIL J  
Address: 719 EASTLAWN DRIVE  
City-St-Zip: KISSIMMEE, FL 34747

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: WIGGLESWORTH, PHIL  
Address: 719 EASTLAWN DRIVE  
City-St-Zip: CELEBRATION, FL 34747

Title: MS ( ) Change (X) Addition  
Name: BARKER, KAY  
Address: 719 EASTLAWN DR  
City-St-Zip: CELEBRATION, FL 34747

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

SIGNATURE: PHIL WIGGLESWORTH

MR

07/22/2008

Electronic Signature of Signing Officer or Director

Date