

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000044182

Entity Name: MAMMOTH EFFECTS, INC.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

1650 SUMMIT LAKE DRIVE  
SUITE 1015  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

**Current Mailing Address:**

1650 SUMMIT LAKE DRIVE  
SUITE 101E  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

FEI Number: 03-0431159      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BOWEN, LEONARD  
1650 SUMMIT LAKE DR  
SUITE 1015  
TALLAHASSEE, FL 32317 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOWEN, LEONARD A  
Address: 1650 SUMMIT LAKE DR SUITE 1015  
City-St-Zip: TALLAHASSEE, FL

Title: VS ( ) Delete  
Name: SCHIMPF, SCOTT A  
Address: 1650 SUMMIT LAKE DR SUITE 1015  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: SCOTT A SCHIMPF

S

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date