2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092571

FILED Apr 20, 2009 Secretary of State

Entity Na	me: M&FIN	VESTMENTS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MERCIAL WA HILL, FL 34600					
Current Mailing Address:			New Mailing Address:			
	MERCIAL WA HILL, FL 34600					
FEI Number	: 54-2070152	FEI Number Applied For ()	El Number Not Appl	icable () Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
5143 COM	SKI, MICHAEL IMERCIAL W <i>A</i> IILL, FL 34600	ΛΥ				
	named entity e of Florida.	submits this statement for the purp	ose of changing i	ts registered office or registered agent, or both,		
SIGNATU	RE:					
	Electro	nic Signature of Registered Agent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	KIERZYNSKI, 5143 COMMEI SPRING HILL,	RCIAL WAY	Title: Name: Address: City-St-Zip: Title:	DPST (X) Change () Addition KIERZYNSKI, MICHAEL J 5143 COMMERCIAL WAY SPRING HILL, FL 34606 VP () Change (X) Addition		
Name: Address: City-St-Zip:	· ·	, 2000	Name: Address: City-St-Zip:	KIERZYNSKI, GLORIA 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition KASTNER, MICHELLE 5143 COMMERCIAL WAY SPRING HILL, FL 34606		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition CONWAY, MARYBETH 5143 COMMERCIAL WAY SPRING HILL, FL 34606		

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: MICHAEL J KIERZYNSKI **DPST** 04/20/2009