


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90174 027 \*\*\*150.00

**DOCUMENT # P02000111633**

1. Entity Name  
**MANDISA, INC.**



Principal Place of Business  
**12383 NW 51 STREET  
 CORAL SPRINGS, FL 33076**

Mailing Address  
**12383 NW 51 STREET  
 CORAL SPRINGS, FL 33076**

**50044440**



2. Principal Place of Business  
**1672 Cypress Pointe Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1672 Cypress Pointe Dr**  
 Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

City & State  
**CORAL SPRINGS FL**

City & State  
**CORAL SPRINGS FL**

Zip  
**33071**

Country

4. FEI Number  
**06-1653993**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KING, MARK  
 3890 W. COMMERCIAL BLVD  
 SUITE 214  
 FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Gachette*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GACHETTE BROWN, LISA	
STREET ADDRESS	12383 NW 51 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE	LISA GACHETTE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	1672 Cypress Pointe Dr	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	MANDISA DELVES	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	1672 Cypress Pointe Dr	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Gachette* Date: **4/1/05** Daytime Phone #: **754 224-9776**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-1653993