


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P04000004551 1. Entity Name MANDIS INC.	
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Principal Place of Business 6710 FINAMORE CIRCLE LAKE WORTH, FL 33467 US	Mailing Address 6710 FINAMORE CIRCLE LAKE WORTH, FL 33467 US
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DO NOT WRITE IN THIS SPACE



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4271076	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAAR, ALBERT R
 2565 SOUTH OCEAN BLVD
 UNIT 270 NORTH
 HIGHLAND BEACH, FL 33487

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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:  DATE: 4/16/07
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KORNBLUM, DAVID M 6710 FINAMORE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KORNBLUM, NICOLE A 6710 FINAMORE CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000715452
 04/27/07-80066-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 4/16/07 DAYTIME PHONE #: 561-963-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR