## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000078445

FILED Apr 21, 2009 Secretary of State

Entity Na	me: MAPPIN	G SUITE, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
BLDG. G-	OAKLAND PK. 121 , FL 33351	BLVD.			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
BLDG. G-	OAKLAND PK. 121 , FL 33351	BLVD.			
FEI Number	: 87-0731965	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			7800 W ÓAKLAND SUITE G-121	BRAULT, MICHAEL 7800 W OAKLAND PARK BLVD SUITE G-121 SUNRISE, FL 33351 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: MICHAEL BRAULT				04/21/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DERYCKE, JO	S GRANDS OBEAUX	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DERYCKE, IS	S GRANDS OBEAUX	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AUTET-TASSA 45 RUE D'HEN	) Delete ERT, SIBYLLE 1 UEVE D'ARSO,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TD ( CARON, CHRI	) Delete STIAN	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ISABELLE DERYCKE S 04/21/2009

21 RUE DES PRIMEVERES

59390 TOUFFLERS, FRANCE,

Address:

City-St-Zip: