2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081642

RAVELO, ORLANDO

NAPLES, FL 34119

5685 SHADY OAKS LANE

Name:

Address: City-St-Zip:

Entity Name: M D ENTERPRISES INC. OF S W F

FILED May 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3727 PROSPECT AVE. NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 3727 PROSPECT AVE. NAPLES, FL 34104 FEI Number: 20-1182617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCFARLANE, MICHAEL 3727 PROSPÉCT AVE. NAPLES, FL 34104 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCFARLANE, MICHAEL Name: Name: 1991 5TH ST S Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: LANDERS, SETH Name: 1210 11TH ST SW Address: Address: NAPLES, FL 34117 City-St-Zip: City-St-Zip: Title: Title: () Delete () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL MCFARLANE P 05/06/2009