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Secretary of State
05-08-2007 90020 024 ***150.00

2007 FOR P ROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04(00094189

1. Entity Name
SHOPPING CENTER MAIN 'ENANCE, INC.

401089..

Principal Place of Business	Mailing Address
4511 N. US HWY 17 DELEON SPRINGS, FL 32130	P.O. BOX 578 DELAND, FL 32721
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-1284549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENNETT, DENNIS
4511 N. US HWY 17
DELEON SPRINGS, FL 3213

7. Name and Address of New Registered Agent
Name: BENNETT, Melinda L
Street Address (P.O. Box Number is Not Acceptable): 4511 N US Hwy 17
City: DeLeon Springs FL Zip Code: 32130

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: Melinda L. Bennett 4/23/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENNETT, DENNIS P.O. BOX 578 DELAND, FL 32721	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENNETT, MELINDA L. Po Box 578 Deland, FL. 32721	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENNETT, MELINDA L P. O. BOX 578 DELAND, FL 3272	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENNETT, ROBERT C Po Box 578 Deland, FL. 32721	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Melinda L. Bennett 4/23/07 386-985-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #