

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168117

FILED
Mar 31, 2009
Secretary of State

Entity Name: MYSTIC LANDS DEVELOPMENT CORPORATION

Current Principal Place of Business:

3111 SOUTH DIXIE HWY
SUITE 308
WEST PALM, FL 33405

New Principal Place of Business:

3111 SOUTH DIXIE HWY
SUITE 308
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

3111 SOUTH DIXIE HWY
SUITE 308
WEST PALM BEACH, FL 33405

New Mailing Address:

3111 SOUTH DIXIE HWY
SUITE 308
WEST PALM BEACH, FL 33405 US

FEI Number: 74-3136041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINITZKY, AMI
3111 SOUTH DIXIE HWY., STE. 308
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: SHINITZKY, AMI
Address: 3111 SOUTH DIXIE HWY #308
City-St-Zip: WEST PALM BEACH, FL 33405

Title: VP () Delete
Name: JOLLY, BINNY
Address: 3111 SOUTH DIXIE HWY #308
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S () Delete
Name: RICH, BARBARA
Address: 3111 SOUTH DIXIE HWY #308
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: AMI SHINITZKY

P/T

03/31/2009

Electronic Signature of Signing Officer or Director

Date