

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172627

Entity Name: MASHLIN, INC

FILED
Jul 25, 2008
Secretary of State

Current Principal Place of Business:

3117 CECELIA DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

3117 CECELIA DRIVE
APOPKA, FL 32703

New Mailing Address:

111 E WASHINGTON ST
UNIT 18
ORLANDO, FL 32801

FEI Number: 59-3801719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, AARON
3117 CECELIA DRIVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

HARVEY, AARON
111 E WASHINGTON ST
UNIT 1810
ORLANDO, FL 32801 US

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: AARON HARVEY

07/25/2008

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:

Title: P () Delete
Name: HARVEY, AARON
Address: 3117 CECELIA DRIVE
City-St-Zip: APOPKA, FL 32703

Title: VP () Delete
Name: KNIPP, JOSEPH
Address: 985 PAPAYA LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: WILSON, GLEN
Address: 7512 DR. PHILLIPS BLVD STE. 50-159
City-St-Zip: ORLANDO, FL 32819

Title: VP,S () Delete
Name: BURROWS, JASON
Address: 7512 DR. PHILLIPS BLVD STE. 50-159
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARVEY, AARON
Address: 111 E WASHINGTON ST UNIT 1810
City-St-Zip: APOPKA, FL 32703

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: AARON HARVEY

P

07/25/2008

Electronic Signature of Signing Officer or Director

Date