

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000001760

Entity Name: MURCHANDIZE MANAGEMENT, INC.

FILED
May 29, 2009
Secretary of State

Current Principal Place of Business:

930 CARTER RD
SUITE 206
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

930 CARTER RD
SUITE 206
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-2102944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUEL, CYRIL
930 CARTER RD STE 206
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

SAMUEL, CYRIL
880 MT PLEASANT DR
OCOE, FL 34761 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: CYRIL SAMUEL

05/29/2009

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: SAMUEL, OOMEN
Address: 880 MT PLEASANT DR
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: WILSON, MURCHISON R
Address: 218 WEKIVA POINTE CIR
City-St-Zip: APOKA, FL 32712

Title: S () Delete
Name: WILSON, TRACEY P
Address: 218 WEKIVA POINTE CIR
City-St-Zip: APOKA, FL 32712

Title: T (X) Delete
Name: SAMUEL, CYRIL
Address: 880 MT PLEASANT DR
City-St-Zip: OCOEE, FL 34761

Title: MM (X) Delete
Name: GEORGEY, WAEL
Address: 12883 ENCLAVE DR
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GEORGEY, WAEL
Address: 12883 ENCLAVE DR
City-St-Zip: ORLANDO, FL 32837

Title: T (X) Change () Addition
Name: CYRIL, SAMUEL
Address: 880 MT PLEASANT DR
City-St-Zip: OCOEE, FL 34761

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: CYRIL SAMUEL

T

05/29/2009

Electronic Signature of Signing Officer or Director

Date