

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147202

Entity Name: MDP HOSPITALITY, INC.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

3621 WEST SILVER SPRINGS BLVD
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

3621 WEST SILVER SPRINGS BLVD
OCALA, FL 34475

New Mailing Address:

FEI Number: 20-3730846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAROLIA, MAHESH S.
2630 SW 36TH LANE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MAROLIA, MAHESH S PRES.
2630 SW 36TH LANE
OCALA, FL 34471 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: MAHESH S. MAROLIA

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAROLIA, MAHESH S.
Address: 2630 SW 36TH LANE
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: MAROLIA, JANAK S.
Address: 8761 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: DESAI, THAKOR C.
Address: 1107 MOCKINGBIRD CT.
City-St-Zip: SAN JOSE, CA 95120

Title: D () Delete
Name: PATEL, JAYANTI Z.
Address: 3041 S. PINE AVE.
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: PANCHAL, JAYANTI
Address: 6979 SE 12TH CIR.
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: DESAI, JANAK D.
Address: 3924 W. SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAROLIA, MAHESH S PRES.
Address: 2630 SW 36TH LANE
City-St-Zip: OCALA, FL 34474

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

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

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: MAHESH S. MAROLIA

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date