

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154489

Entity Name: MENDE & ASSOCIATES, INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

1050 93RD STREET
4E
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

PO BOX 546012
SURFSIDE, FL 33154

New Mailing Address:

P.O.BOX 546012
SURFSIDE, FL 33154

FEI Number: 01-0855259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDE, GAYLE
1050 93RD STREET
4E
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

MINTZ, GAYLE
1050 93RD STREET
4E
BAY HARBOR ISLANDS, FL 33154 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: GAYLE MINTZ

05/11/2009

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: DP () Delete
Name: MENDE, GAYLE
Address: 1050 93RD STREET APT 4E
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MINTZ, GAYLE
Address: P.O.BOX 546012
City-St-Zip: SURFSIDE, FL 33154

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: GAYLE MINTZ

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date