

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000003907

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** MANDALAY SOLUTIONS, INC.

**Current Principal Place of Business:**

125 86TH AVE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

109 20TH AVE  
ST. PETE BEACH, FL 33706 US

**Current Mailing Address:**

125 86TH AVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

109 20TH AVE  
ST. PETE BEACH, FL 33706 US

FEI Number: 20-8234900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLOEPFEL, FRITZ F  
125 86TH AVE  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

KLOEPFEL, FRITZ F  
109 20TH AVE  
ST. PETE BEACH, FL 33706 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: KLOEPFEL, FRITZ F  
Address: 109 20TH AVE  
City-St-Zip: ST. PETE BEACH, FL 33706 US

I hereby 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 all other like empowered.

SIGNATURE: FRITZ F. KLOEPFEL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

04/15/2011

\_\_\_\_\_  
Date