

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029249

Entity Name: MAIDA VALE, INC.

FILED
Jul 14, 2008
Secretary of State

Current Principal Place of Business:

10800 NORTH MILITARY TRAIL
SUITE 102
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

10800 NORTH MILITARY TRAIL
SUITE 102
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-8570368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRADLEY, DONALD S
27 N. PENNOCK LANE
SUITE 104
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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

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: MORSE, CHRISTINE
Address: 10800 NORTH MILITARY TRAIL, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VP () Delete
Name: HERRERA, VICTOR
Address: 10800 NORTH MILITARY TRAIL, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: S () Delete
Name: MCMICHAEL, KAREN
Address: 10800 NORTH MILITARY TRAIL, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T () Delete
Name: GWINNELL, TIM
Address: 10800 NORTH MILITARY TRAIL, SUITE 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHRISTINE MORSE

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date