

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34318

Entity Name: MLB 91 CORP.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

4710 EISENHOWER BLVD.  
STE. #C-1  
TAMPA, FL 336346334

## New Principal Place of Business:

## Current Mailing Address:

4710 EISENHOWER BLVD.  
STE. #C-1  
TAMPA, FL 336346334

## New Mailing Address:

FEI Number: 59-3069262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAMS, ALLAN  
4710 EISENHOWER BLVD.  
STE. C-1  
TAMPA, FL 336346334 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCT ( ) Delete  
Name: ABRAMS, ALLAN  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: ABRAMS, ELAINE  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete  
Name: KNISPEL, ISABEL  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete  
Name: HOOVER, KRISTOPHER M  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCT (X) Change ( ) Addition  
Name: ABRAMS, ALLAN  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change ( ) Addition  
Name: ABRAMS, ELAINE  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change ( ) Addition  
Name: KNISPEL, ISABEL  
Address: 4710 EISENHOWER BLVD.C-1  
City-St-Zip: TAMPA, FL 33634

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: KRISTOPHER M. HOOVER

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04/14/2009

Electronic Signature of Signing Officer or Director

Date