## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36614

Entity Name: MDF EXPRESS, INC.

FILED Feb 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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503 NORTH CAUSEWAY

UNIT 501

3015 NEEDLE PALM DRIVE
EDGEWATER, FL 32141 US

NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address: New Mailing Address:

503 NORTH CAUSEWAY
UNIT 501
NEW SMYRNA BEACH, FL 32169
US
3015 NEEDLE PALM DRIVE
EDGEWATER, FL 32141
US

FEI Number: 59-3437162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323010000 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 Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BAYLES, RONALD L., J, R. FAULKENHAM, BRUCE M Name: Name: 503 NORTH CAUSEWAY #501 3015 NEEDLE PALM DRIVE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL City-St-Zip: EDGEWATER, FL 32141

Title: M ( ) Delete Title: VP (X) Change ( ) Addition Name: FAULKENHAM, BRUCE M Name: FAULKENHAM, L KELLY

Name:FAULKENHAM, BRUCE MName:FAULKENHAM, L KELLYAddress:3015 NEEDLE PALMAddress:3015 NEEDLE PALMCity-St-Zip:EDGEWATER, FL 32141City-St-Zip:EDGEWATER, FL 32141

Title: M (X) Delete Title: ( ) Change ( ) Addition

 Name:
 FAULKENHAM, L KELLY
 Name:

 Address:
 3015 NEEDLE PALM
 Address:

 City-St-Zip:
 EDGEWATER, FL 32141
 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: L KELLY FAULKENHAM VP 02/09/2009