

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000015316

FILED
Jan 07, 2009
Secretary of State

Entity Name: MDC EXPRESS, INC.

Current Principal Place of Business:

4821 CENTRAL AVE
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40508
ST PETERSBURG, FL 33743 US

New Mailing Address:

FEI Number: 59-3156073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DAVID
8080 12TH AVE S
ST PETERSBURG, FL 33707 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: PD () Delete
Name: COHEN, MICHELLE J
Address: 8080 12TH AVE S
City-St-Zip: ST PETERSBURG, FL

Title: STD () Delete
Name: COHEN, DAVID S
Address: 8080 12TH AVE S
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, MICHELLE J
Address: 8080 12TH AVE S
City-St-Zip: ST PETERSBURG, FL 33707

Title: STD (X) Change () Addition
Name: COHEN, DAVID S
Address: 8080 12TH AVE S
City-St-Zip: ST PETERSBURG, FL 33707

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: DAVID COHEN

TRES

01/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date