2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065948

Entity Name: MFL. INC

Address:

City-St-Zip:

1637 E. VINE ST., STE. E

KISSIMMEE, FL

FILED Apr 20, 2009 Secretary of State

		,			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	T VINE STREE EE, FL 34744	T SUITE E			
Current Mailing Address:			New Mailing Address:		
	T VINE STREE E, FL 34744	T SUITE E			
FEI Number	: 59-3397531	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
KISSIMME The above	T VINE STREE E, FL 34744	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () DIXON, HARVE 1637 E. VINE S KISSIMMEE, FI	T., STE. E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DIXON, KENNE 1637 E. VINE S KISSIMMEE, F	T., STE. E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	V () BADGER, EMIL	Delete Y K.	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KENNETH DIXON VP 04/20/2009