

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000031507

FILED
Mar 25, 2009
Secretary of State

Entity Name: D.B. MIND TECHNOLOGIES, INC.

Current Principal Place of Business:

2829 INDIAN CREEK DRIVE
STUDIO 1211
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2829 INDIAN CREEK DRIV
STUDIO 1211
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0754817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTER AGENT SERVICES CORPORATION
444 BRICKELL AVE, SUITE 300
MIAMI, FL 33131 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: GOLAN, ROBERT
Address: 2829 INDIAN CREEK DR., STUDIO 1211
City-St-Zip: MIAMI BCH, FL 33140

Title: VD () Delete
Name: GOLAN, RANDY
Address: # 19 GREIG CLOSE
City-St-Zip: RED DEER, ALBERT, CA

Title: SD () Delete
Name: GOLAN, INDIRA
Address: 2829 INDIAN CREEK DRIVE, SUITE 1211
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VD (X) Delete
Name: MITSUDA, ALEX
Address: 63 MINNA STREET, SUITE 2
City-St-Zip: BROOKLYN, NY 11218

Title: VD () Delete
Name: JATTAN, AJ
Address: #2 BRIGHTON WAY
City-St-Zip: NORTH BRUNSWICK, NJ 08902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOLAN, ROBERT
Address: 2829 INDIAN CREEK DRIVE, STUDIO 1211
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Change () Addition
Name: GOLAN, RANDY
Address: P.O BOX 188
City-St-Zip: ECKVILLE, ALBERTA, CA T0M-0X0 CA

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: ROBERT GOLAN

PD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date