


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # P97000095961 1. Entity Name MFD ENTERPRISES, INC.	
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Principal Place of Business 487 SCODELLA STREET S.W. PALM BAY, FL 32908	Mailing Address 476 WARRINGTON RD SW PALM BAY, FL 32908
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03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3480121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DOW, BONNIE 476 WARRINGTON RD SW PALM BAY, FL 32908
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000520900  
05/02/06-80107-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DOW, MARK 487 SCODELLA ST SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOW, BONNIE 476 WARRINGTON RD SW PALM BAY, FL 32908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOP CAMARDA, ANTHONY 1510 PALATKA ROAD SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Dow Bonnie Dow 321-725-8896  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #