


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 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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DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**DOW, BONNIE
476 WARRINGTON RD SW
PALM BAY, FL 32908**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000906357
05/02/08-80019-006 150.00**

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

*Date
4/16/08*

321-725-8896