

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079220

FILED
Apr 04, 2009
Secretary of State

Entity Name: MANDIX INC.

Current Principal Place of Business:

1648 DERBY GLEN DRIVE
ORLANDO, FL 328378131

New Principal Place of Business:

Current Mailing Address:

1648 DERBY GLEN DRIVE
ORLANDO, FL 328378131

New Mailing Address:

FEI Number: 59-3595860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAQ, MAHMUDUL
1648 DERBY GLEN DRIVE
ORLANDO, FL 328378131 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: HAQ, MAHMUDUL
Address: 1648 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 328378131

Title: VD () Delete
Name: MAHMUD, DILRUBA D
Address: 1648 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 328378131

Title: D () Delete
Name: MAHMUD, ASEF
Address: 1648 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 328378131

Title: D () Delete
Name: HAQ, NOREEN M
Address: 1648 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 328378131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAHMUDUL HAQ

PD

04/04/2009

Electronic Signature of Signing Officer or Director

_____ Date