


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V14375	
1. Entity Name MAYFLOWER CENTER, INC.	

Principal Place of Business 222 S WESTMONTE DR SUITE 114 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 1101 N. LAKE DESTINY RD STE #475 MAITLAND, FL 32751 US
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01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3119218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HIRESH, MITRI M
1101 N LAKE DESTINY RD
STE 475
MAITLAND, FL 32751**

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

**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

000000830898

02/26/08-80102-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD	HIRESH, MITRI M.
NAME	STE 475, 1101 NORTH LAKE DESTINY RED
STREET ADDRESS	MAITLAND, FL
CITY-ST-ZIP	
TITLE V	HIRESH, MICHELLE
NAME	1101 N LK DESTINY RD, STE 475
STREET ADDRESS	MAITLAND, FL 32751
CITY-ST-ZIP	
TITLE V	BLACK, RONALD W
NAME	1101 N LAKE DESTINY RD., SUITE 475
STREET ADDRESS	MAITLAND, FL 32751
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 or without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/08

407-682-7700

Date

Daytime Phone #