2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# V14375

Entity Name: MAYFLOWER CENTER, INC.

Current Principal Place of Business:

222 S WESTMONTE DR
SUITE 114
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

1101 NORTH LAKE DESTINY ROAD
SUITE 475
MAITLAND, FL 32751 US

Current Mailing Address:

1101 N. LAKE DESTINY RD
STE #475
MAITLAND, FL 32751 US

New Mailing Address:

1101 NORTH LAKE DESTINY ROAD
SUITE 475
MAITLAND, FL 32751 US

FEI Number: 59-3119218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIRESH, MITRI M
1101 N LAKE DESTINY RD
STE 475
MAITLAND, FL 32751 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: HIRESH, MITRI M.
Address: STE 475, 1101 NORTH LAKE DESTINY RED
City-St-Zip: MAITLAND, FL

Title: V ( ) Delete
Name: HIRESH, MICHELLE
Address: 1101 N LK DESTINY RD, STE 475
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete
Name: BLACK, RONALD W
Address: 1101 N LAKE DESTINY RD., SUITE 475
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HIRESH, MITRI M
Address: STE 475, 1101 NORTH LAKE DESTINY RED
City-St-Zip: MAITLAND, FL

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: MITRI M. HIRESH PD 02/05/2009

Electronic Signature of Signing Officer or Director Date