

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K29203

Entity Name: MI-DEAR CORP.

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

351 MALLARD ROAD
FT. LAUDERDALE, FL 333271124 US

New Principal Place of Business:

Current Mailing Address:

351 MALLARD ROAD
FT. LAUDERDALE, FL 333271124 US

New Mailing Address:

FEI Number: 65-0073474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELSON, BRUCE
351 MALLARD ROAD
FT. LAUDERDALE, FL 333271124 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: DPT () Delete
Name: MICHELSON, EDWARD
Address: 2427 TARGHEE PT
City-St-Zip: LAFAYETTE, CO 800263447

Title: DV () Delete
Name: MICHELSON, ROGER
Address: 10006 W BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: DS () Delete
Name: MICHELSON, BRUCE
Address: 351 MALLARD ROAD
City-St-Zip: FT. LAUDERDALE, FL 333271124 US

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:

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: EDWARD MICHELSON

DPT

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date