


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000036647 1. Entity Name MIMA SERVICES, INC.	
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Principal Place of Business 200 E SHERIDAN RD MELBOURNE, FL 32901	Mailing Address 200 E SHERIDAN RD MELBOURNE, FL 32901
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLURE, JOSEPH 200 EAST SHERIDAN ROAD MELBOURNE, FL 32901

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

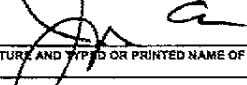
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BANEY, RICHARD 200 EAST SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLURE, JOSEPH A 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONALDON, JAMES 200 EAST SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GURRI, JOSEPH A 200 E SHERIDAN RD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, MARK 200 EAST SHERIDAN ROAD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000768100
07/11/07-80001-003 150.00

**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:  07/05/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #