


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90275 020 \*\*\*150.00

**DOCUMENT # P98000056210**

1. Entity Name  
**MITOP, INC.**




Principal Place of Business  
**1639 E CAPE CORAL PKWY  
 STE 104  
 CAPE CORAL, FL 33904**

Mailing Address  
**1639 E CAPE CORAL PKWY  
 STE 104  
 CAPE CORAL, FL 33904**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



04112006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0849893**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MILBERG, SVEN  
 6987 HIGHLAND PARK CIR  
 FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name  
**MILBERG, SVEN**

Street Address (P.O. Box Number is Not Acceptable)  
**16704 CROWNSBURY WAY**

City  
**FORT MYERS** FL Zip Code  
**33908**

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: *Sven Milberg* **SVEN MILBERG (PRESIDENT)** **04-11-2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILBERG, SVEN			NAME	MILBERG, SVEN		
STREET ADDRESS	6987 HIGHLAND PARK CIR			STREET ADDRESS	16704 CROWNSBURY WAY		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILBERG, KERSTIN			NAME	MILBERG, KERSTIN		
STREET ADDRESS	6987 HIGHLAND PARK CIR			STREET ADDRESS	16704 CROWNSBURY WAY		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	FORT MYERS, FL 33908		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Sven Milberg* **SVEN MILBERG** **04-11-2006** **(239) 541-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #