
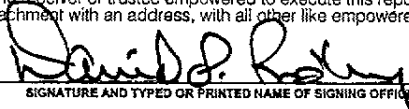


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 511601 1. Entity Name MICA PRODUCTS AND WOOD OF BOCA RATON, INC.		
Principal Place of Business 150 W. GLADES ROAD BOCA RATON, FL 33432	Mailing Address 150 W. GLADES ROAD BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HEINMILLER, GREGORY JOHN 720 NE LAKEVIEW TERR BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD RISLEY, DAVID L 1030 POINSETTIA ROAD DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HEIMMILLER, GREGORY JOHN 720 NE LAKEVIEW TERRACE BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/22/06 561 395 4686 Date Daytime Phone #



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1686899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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03/10/06-80011-017 150.00

**DO NOT WRITE
IN THIS SPACE**