2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90029 048 ***150.00

DOCUMENT # 590442 1. Entity Name MIKA INVESTMENTS, INC.					01-18-2005 90029 048 ***150.00				
Principal Place of Business Mailing Address		Mailing Address PO BOX 8125			Annntano				
			MADEIRA BEACH, FL 33738-8125		 	Bin Berit Gibil Bigis Hel	BITH Birt Filli	ı BIRM GIBIL BIBI	IRBL (4 1021
2. Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 59-1854				plied For LApplicable
Zip	Country	Zip	Country		<u>L.,</u>	d Status Desired	- F	8.75 Add ee Required	litional d
	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
FARRUGIA, MARY A 5848 62ND AVE. PINELLAS PARK, FL 33781				Street Address (P.O. Box Number is Not Acceptable)					
			_	City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	regislered	office or registe	red agent, or both	n, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE.	. Registered A	gent signature require	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		~ _ ~~	.00 May Be ded to Fees	Service (1992)			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
TITLE	PD	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	,	YNCH, MICHAEL J		ADDRESS					
CITY-ST-ZIP			CITY-ST	I					
TITLE			TITLE					Change	Addition
NAME			NAME	ł	•				
STREET ADDRESS	3-163RD AVE EAST		STREET	ADDRESS					
CITY-ST-ZIP	REDINGTON BEACH, FL 33704		CITY-ST	- ZIP					
TITLE	.DS	Delete	_TITLE					☐ Change	Addition
NAME STREET ADDRESS	LYNCH, KAREN M 1734 P STREET NW #45		NAME	ADDRESS					
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST	l l					
TITLE		☐ Delete	TITLE			···*		☐ Change	Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY - ST - ZiP			CITY-ST	- ZIP					
TITLE		Delete	TITLE	ļ				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					-	
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP	contitue that the information of a literal william	this filing does not available to-	the execut	<u></u>	action 110 07/24"	Florida Statuta -	l turther -e-	ity that the '	aformation
indicated	certify that the information supplied with	this ming over not quality for	OP CYPIN	a shall be as the		, rionus Siatutes. I	maruidi Cert	ny relative il	iomation

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:	Grike M Lynch_
	SIGNATURE AND TYPED OR PRHYTED NAME OF SIGNING OFFICER OR DIRECTOR