


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 737717 1. Entity Name MINIATURE WORLD OF CENTRAL FLORIDA, INC.	
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Principal Place of Business P.O. BOX 854 WINTER PARK, FL 32790	Mailing Address P.O. BOX 854 WINTER PARK, FL 32790
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1834399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARDIN, MARCIA 10 ARECA DRIVE ORLANDO, FL 32807

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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 _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDIN, MARCIA 10 ARECA DRIVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD BEILENSEN, MOLLY 351 REMINGTON DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELWOOD, MARY A 2971 BRIDGEHAMPTON LANE ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD YOUNG, MARTY 3267 SAWYER CIRCLE DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WISHAH, MARIE 490 PALM SPRINGS DR LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/07-80031-007 61.25

**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 617, 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: Marcia Hardin 14. III. XVII 407.277.1097

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