


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000003604 1. Entity Name MI-JACK PRODUCTS INC.	
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Principal Place of Business 3111 WEST 167TH STREET HAZEL CREST, IL 60429	Mailing Address 3111 WEST 167TH STREET HAZEL CREST, IL 60429
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4011906	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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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 LANIGAN, MICHAEL T 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANIGAN, WILLIAM P 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAYERS, STEPHEN J 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANIGAN, DANIEL P 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS LARKEN, EUGENE A JR 3111 WEST 167TH STREET HAZEL CREST, IL 60429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS BOQUIST, JOHN J 3111 WEST 167TH STREET HAZEL CREST, IL 60429

U00000745411
05/16/07-80026-022 150.00

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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: Eugene A. Larkens 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #