2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003745

Entity Name: MIMI INTERNATIONAL INC.

FILED Jan 18, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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500 MIRASOL CIRCLE, SUITE 207 PO BOX 690565

CELEBRATION, FL 34747 ORLANDO, FL 32869 US

Current Mailing Address: New Mailing Address:

500 MIRASOL CIRCLE, SUITE 207 PO BOX 690565 CELEBRATION, FL 34747 PO BOX 690565 ORLANDO, FL 32869

FEI Number: 13-4152348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FELICETTI, DOMINICK
500 MIRASOL CIRCLE, SUITE 207
CELEBRATION, FL 34747 US
FELICETTI, DOMINICK
8755 THE ESPLANADE
118
ORLANDO, FL 32836 US

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.

SIGNATURE: 01/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS () Delete Title: CDPS (X) Change () Addition Name: FELICETTI, DOMINICK Name: FELICETTI, DOMINICK

 Address:
 1500 MIRASOL CIRCLE, SUITE 207
 Address:
 PO BOX 690565

 City-St-Zip:
 CELEBRATION, FL 34747
 City-St-Zip:
 ORLANDO, FL 32869

Title: T () Delete Title: T (X) Change () Addition

 Name:
 FELICETTI, DOMINICK
 Name:
 FELICETTI, DOMINICK

 Address:
 1500 MIRASOL CIRCLE, SUITE 207
 Address:
 PO BOX 690565

 City-St-Zip:
 CELEBRATION, FL 34747
 City-St-Zip:
 ORLANDO, FL 32869

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMINICK FELICETTI PRES 01/18/2005