

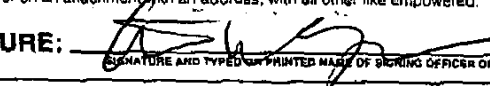
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FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90082 050 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000000705			
1. Entity Name MICKEYNET, INC.			
Principal Place of Business 7345 SAND LAKE ROAD, SUITE 205 ORLANDO, FL 32819		Mailing Address 851 BURLWAY ROAD, SUITE 525 BURLINGAME, CA 94010	
2. Principal Place of Business 610 SYCAMORE STREET		3. Mailing Address 610 SYCAMORE STREET	
Suite, Apt. #, etc. SUITE 110		Suite, Apt. #, etc. SUITE 110	
City & State CELEBRATION, FL		City & State CELEBRATION, FL	
Zip 34747	Country USA	Zip 34747	Country USA
4. FEI Number 94-3370606		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GERMANO, ATSUKO 7345 SAND LAKE ROAD, SUITE 205 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name GERMANO, ATSUKO Street Address (P.O. Box Number is Not Acceptable) 610 SYCAMORE STREET #110 City CELEBRATION FL Zip Code 34747	
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  DATE 1/14/05 (NOTE: Registered Agent Signature required when resigning)			
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GERMANO, ATSUKO 1341 DAVID STREET, SUITE 321 SAN MATEO, CA 94403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GERMANO, ATSUKO 12021 VILLANOVA DRIVE #110 ORLANDO, FL 32837 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAKEHARA, TONY HIROSHI 2723 SOUTH NORFOLK STREET, #203 SAN MATEO, CA 94403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAKEHARA, TONY HIROSHI 2712 STONE OAK DRIVE ORLANDO, FL 32837 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		1/14/05 321-939-2393	
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date Daytime Phone #	