


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90140 022 \*\*\*150.00

<b>DOCUMENT # F04000003469</b> 1. Entity Name <b>MIKOV, INC.</b>					
Principal Place of Business <b>8419 AUKARI COURT NEW PORT RICHEY FL 34653</b>				Mailing Address <b>P.O. BOX 595 ELERS FL 34680</b>	
2. Principal Place of Business <b>7908 Valmy Ln</b>		3. Mailing Address <b>P.O. Box 595</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Port Richey, FL</b>		City & State <b>Elfers, FL 34680</b>		4. FEI Number <b>11-3598959</b>	
Zip <b>34668</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34680</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>OVETCHKIN, MIKHAIL 8419 AUKARI COURT NEW PORT RICHEY FL 34653</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		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 <u>M. Ovetchkin</u> DATE <u>04/18/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE CP <input type="checkbox"/> Delete NAME OVETCHKIN, MIKHAIL STREET ADDRESS 8419 AUKARI COURT CITY-ST-ZIP NEW PORT RICHEY FL 34653				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VC <input checked="" type="checkbox"/> Delete NAME PODSTEP, NINA STREET ADDRESS 4201 SEAGATE AVENUE #1FL CITY-ST-ZIP BROOKLYN NY 11224				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>M. Ovetchkin</u> <u>Mikhail Ovetchkin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>04/18/2005</u> <u>1727/375-0140</u> <small>Date Daytime Phone #</small>	