
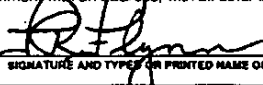


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-21-2006 90012 045 ***150.00

DOCUMENT # F05000001638					
1. Entity Name MYND CORPORATION					
Principal Place of Business 10301 WILSON BLVD. BLYTHEWOOD, SC 29016			Mailing Address 10301 WILSON BLVD. BLYTHEWOOD, SC 29016		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1241834	
				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYKIN, EDWARD P		NAME		
STREET ADDRESS	9500 ARBORETUM BLVD.		STREET ADDRESS		
CITY- ST- ZIP	AUSTIN, TX 787598399		CITY- ST- ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VPF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVEL, LEON J		NAME	Michael E. Keane	
STREET ADDRESS	2100 E. GRAND AVENUE		STREET ADDRESS	2100 East Grand Avenue	
CITY- ST- ZIP	EL SEGUNDO, CA 90245		CITY- ST- ZIP	El Segundo, CA 90245	
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, HAYWARD D		NAME		
STREET ADDRESS	2100 E. GRAND AVENUE		STREET ADDRESS		
CITY- ST- ZIP	EL SEGUNDO, CA 90245		CITY- ST- ZIP		
TITLE	VPAT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, LOU ANNE		NAME		
STREET ADDRESS	9500 ARBORETUM BLVD.		STREET ADDRESS		
CITY- ST- ZIP	AUSTIN, TX 787598399		CITY- ST- ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEPHEN E		NAME		
STREET ADDRESS	2100 E. GRAND AVENUE		STREET ADDRESS		
CITY- ST- ZIP	EL SEGUNDO, CA 90245		CITY- ST- ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, BRYAN		NAME	Thomas R. Irvin	
STREET ADDRESS	2100 E. GRAND AVENUE		STREET ADDRESS	2100 East Grand Avenue	
CITY- ST- ZIP	EL SEGUNDO, CA 90245		CITY- ST- ZIP	El Segundo, CA 90245	
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: 		Timothy R. Flynn		02/10/06 310.615.0311	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Deputy Phone #</small>	

66005737



02082006 Chg-P CR2E034 (11/05)



ATTACHMENT

66005737

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

MYND CORPORATION
10301 WILSON BLVD.
BLYTHEWOOD, SC 29016

Subject: MYND CORPORATION

Reference Number: F05000001638

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION