

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90065 025 ***150.00



DOCUMENT # F59547
 1. Entity Name
MIRAGE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business Mailing Address
 % TOM FALONE, III % TOM FALONE, III
 300 S. DUNCAN AVE., STE. 287 300 S. DUNCAN AVE., STE. 287
 CLEARWATER FL 33755-6457 CLEARWATER FL 33755-6457



2. Principal Place of Business 3. Mailing Address
1220 ROGERS ST **1220 ROGERS ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
CLEARWATER, FL **CLEARWATER FL**

4. FEI Number Applied For
59-2162563 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FALONE, TOM III
300 S. DUNCAN AVE.
STE. 287
CLEARWATER FL 33755-6457

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: *Tom Falone III* **TOM FALONE III** DATE: **3-24-05**
Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P <input type="checkbox"/> Delete	FALONE, TOM III 1200 HERMITAGE AVE. CLEARWATER FL 33764	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	FALONE, TOM IV 300 S. DUNCAN AVE., SUITE 287 CLEARWATER FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1220 ROGERS STREET CLEARWATER, FL 33756-5903
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Tom Falone III* **TOM FALONE III** DATE: **3.24.05** Daytime Phone #: **727-461-6084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #