

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90038 017 ***150.00

2000400J



07072005 Chg-P CR2E034 (10/03)

DOCUMENT # F88812		
1. Entity Name MIP, INC.		

Principal Place of Business 385 CLINTON AVE P.O. BOX 52 WYCKOFF, NJ 07481 US	Mailing Address 385 CLINTON AVE P.O. BOX 52 WYCKOFF, NJ 07481 US
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2. Principal Place of Business One Lethbridge Plaza Suite, Apt. #, etc. Suite 30 City & State Mahwah NJ Zip 07430 Country USA		3. Mailing Address One Lethbridge Plaza Suite, Apt. #, etc. Suite 30 City & State Mahwah NJ Zip 07430 Country USA	
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6. Name and Address of Current Registered Agent CIOFFI, JAMES A. ESQ. 250 TEQUESTA DRIVE, SUITE #200 TEQUESTA, FL 33469		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMMER, PETER 385 CLINTON AVE WYCKOFF, NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOTZ, WILLIAM A. 385 CLINTON AVE WYCKOFF, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTZ, WILLIAM A. One Lethbridge Plaza Mahwah NJ 07430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD WILLIAMSON, WILLIAM 385 CLINTON AVENUE WYCKOFF, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS Williamson Jr, William One Lethbridge Plaza Mahwah NJ 07430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BOMMER, STEPHEN K 385 CLINTON AVENUE WYCKOFF, NJ 07481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Bommer, Stephen K One Lethbridge Plaza Mahwah, NJ 07430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: William Botz 7/7/05 201-891-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #