


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000001698 1. Entity Name MI HOME PRODUCTS, INC.	
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Principal Place of Business 861 N HERCULES AVE CLEARWATER, FL 33765	Mailing Address 861 N HERCULES AVE CLEARWATER, FL 33765
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-1901059	Applied For 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
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD POPPLETON, JAY K 861 N HERCULES A VE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GUTHRIE, SARAH W 861 N HERCULES A VE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DESOTO, PETER 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF FASENMAYER, JANET 861 N HERCULES AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKSON, MICHAEL 650 W MARKET STREET GRATZ, PA 17030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000145911 05/11/04-80043-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: J. A. FASENMAYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #