


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H25618 1. Entity Name MINA GROVE, INC.	
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Principal Place of Business 1098 INTERLOCHEN BLVD P O BOX 231 WINTER HAVEN FL 33882-7231	Mailing Address 1098 INTERLOCHEN BLVD P O BOX 231 WINTER HAVEN FL 33882-7231
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-2470069	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, ELEANOR R. 1098 INTERLOCHEN BLVD WINTER HAVEN FL 33882-7231
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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 _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	
NAME	HENDERSON, ELEANOR R.	<input type="checkbox"/>
STREET ADDRESS	1098 INTERLOCHEN BLVD SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/>
NAME	HENDERSON STEVEN R.	
STREET ADDRESS	1098 INTELOCHEN BLVD SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Eleanor R. Henderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/03/06</u> (863) 293-7908 Daytime Phone #
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