

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H46664

FILED
Apr 24, 2006
Secretary of State

Entity Name: THE MITCHELL GROUP, INC.

Current Principal Place of Business:

246 9TH AVE NE # 1
SAINT PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

246 9TH AVE NE # 1
SAINT PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-2501052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, MAGGIE
436-17 AVE. NE
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MITCHELL, KENT,
Address: 246 9TH AVE NE # 1
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PS () Delete
Name: MITCHELL, MAGGIE,
Address: 246 9TH AVE NE # 1
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: MITCHELL, MICHAEL,
Address: 246 9TH AVE NE # 1
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: GULBINE, COLLEEN
Address: 2700 13 AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGGIE MITCHELL

PS

04/24/2006

Electronic Signature of Signing Officer or Director

Date