2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 08:00 AM Secretary of State

Fee Required

DO	CI	IN.	MEN	JT.	#	HA	19	RR
-	-	JIV	11	VІ	#	I IU	13	uu

1. Entity Name

MIND PRODUCTIONS AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

324 N COPELAND ST TALLAHASSEE, FL 32304

PO BOX 11221

TALLAHASSEE, FL 32302



DO NOT WRITE IN THIS SPACE

01052007	No Cng-P	CRZ	EU34 (11/	ບວງ
4. FEI Number				Applied For
59-26945	88			Not Applicable
5 Certificate of	Status Desired		\$8.75	Additional

6. Name and Address of Current Registered Agent

AKBAR, NA'IM 324 N COPELAND ST TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKBAR, NA'IM 324 N COPELAND ST TALLAHASSEE, FL				U00000589995
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/18/07-80039-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	on this report or supplemental report is true a	nd accurate and that my signatu to execute this report as require	ire shall hav	e the same legal effect	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if