

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K22765

1. Entity Name
MIGHION, INC.



**FILED
Jan 26, 2006 8:00 am
Secretary of State**

01-26-2006 90043 042 ***150.00

Principal Place of Business 26988 US 19N CLEARWATER, FL 33761 US		Mailing Address C/O GOTTLIEB & GOTTLIEB P.A. 2475 ENTERPRISE RD., SUITE 100 CLEARWATER, FL 34623 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE RD. SUITE 100 CLEARWATER, FL 34623		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>(NOTE: Registered Agent signature required when renaming)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MIGHION, CONSTANTINE N. STREET ADDRESS 113 HUNTINGTON LANE CITY-ST-ZIP SAFETY HARBOR, FL		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 34695	
TITLE P NAME MIGHION, CONSTANTINE N. STREET ADDRESS 113 HUNTINGTON LANE CITY-ST-ZIP SAFETY HARBOR, FL		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP VP LIZA MIGHION 113 HUNTINGTON LANE SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 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 Chapter 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: <i>Dene Mighion</i>		1-23-06 727 796-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	