2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90133 028 ***150.00

DOCUMENT # L13709

1. Entity Name
THE MICA SHOP INC.

Principal Place of Business	Mailing Address
364 SW 4 CT #2 DANIA, FL 33004 US	180 BERTON DR LAKE PLACID, FL 33852 US

03282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4242 Commercial Dr.	180 Berton Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, Fl	City & State: Lake Placid, Fl
Zip: 33870 Country: Highlands	Zip: 33852 Country: Highlands

4. FEI Number: 65-0146252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETHAN, MICHAEL J.
364 SW 4TH CT, SUITE 2
DANIA, FL 33004

7. Name and Address of New Registered Agent

Name: Bethan Michael
Street Address (P.O. Box Number is Not Acceptable): 180 Berton Dr
City: Lake Placid FL Zip Code: 33852

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: Veronica Bethan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BETHAN, MICHAEL 364 SW 4TH CT 2 DANIA, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bethan, Michael 180 Berton Drive Lake Placid, Fl 33852 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VERONICA, BETHAN 364 SW 4TH CT 2 DANIA, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Veronica Bethan 180 Berton Drive Lake Placid, Fl 33852 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Veronica Bethan 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #