


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 034 ***150.00

DOCUMENT # L66380	
1. Entity Name FLAMINGO MIO, INC.	

Principal Place of Business C/O MARIA ANNA BARTOLOTTA 3150 S BABCOCK STREET J MELBOURNE, FL 32901 US	Mailing Address C/O MARIA ANNA BARTOLOTTA 222 TWELFTH TERR INDIALANTIC, FL 32903
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1351 TAMANGO DRIVE Suite, Apt. #, etc.
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01132006 Chg-P CR2E034 (11/05)

City & State WEST MELBOURNE, FL	4. FEI Number 65-0195348	Applied For Not Applicable
Zip 32904	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTOLOTTA, MARIA ANNA
222 TWELFTH TERR
INDIALANTIC, FL 32903**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1351 TAMANGO DRIVE
City **WEST MELBOURNE** FL Zip Code **32904**

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 **MARIA ANNA BARTOLOTTA PRES** *Maria Anna Bartolotta* **1-13-2006**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTOLOTTA, MARIA ANNA 222 TWELFTH TERR INDIALANTIC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTOLOTTA, FRANK 222 TWELFTH TERR INDIALANTIC, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BARTOLOTTA, MARIA ANNA 1351 TAMANGO DR. W. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTOLOTTA, FRANK 1351 TAMANGO DR. W. MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Anna Bartolotta* **MARIA ANNA BARTOLOTTA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1-13-2006** **321-725-4447**
Date Daytime Phone #