


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N40555 1. Entity Name THE MICHNAL FOUNDATION, INC.	
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Principal Place of Business 15300 CORSINI LANE NAPLES, FL 34110	Mailing Address 15300 CORSINI LANE NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0231926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MICHNAL, ROBERT J. 15300 CORSINI LANE NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHNAL, ROBERT J. 15300 CORSINI LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHNAL, ROMA I. 15300 CORSINI LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIN, ARLENE 27 COLUMBUS CIRCLE BLUFFTON, SC 29909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000580373
01/10/07-80043-021 61.25

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 617, 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:  **1/3/07 239-592-1390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #