2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001818

Entity Name: MIMA FOUNDATION, INC.

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11211 PROSPERITY FARMS RD STE 303, BLDG C PALM BÉACH GARDENS, FL 33410 **New Mailing Address: Current Mailing Address:** P.O. BOX 7133 JUPITER, FL 334687133 US FEI Number: 65-0571146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, MARY K CRNA 11211 PROSPERITY FARMS RD STE 303, BLDG C PALM BÉACH GARDENS, FL 33410 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DEDO, DOUGLAS DR. Name: Name: 11706 BIRCH ROAD Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: VD () Delete Title: () Change () Addition THOMAS, MARY KAY Name: Name: Address: 5869 STONEWOOD CT. Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: STD () Delete Title: () Change () Addition ZAMBRANO, GABRIEL DR Name: Name: Address: 1009 GARDEN GLEN CIR Address: City-St-Zip: PALM BCH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SWABSIN, LINDA Name: 23 VIA CARRARA Address: Address: City-St-Zip: PALM BEACH GARDENAS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition HERNAN, MARY JANEEN Name: Name: 8815 W. 44TH PLACE Address: Address: City-St-Zip: BROOKFIELD, IL 60513 City-St-Zip: Title: () Delete Title: () Change () Addition CLARKE, DOROTHY Name: Name: Address: 8910 PLAINFIELD RD. Address: BROOKFIELD, IL 60513 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KAY THOMAS VP 02/23/2006