2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE: _

Mar 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N97000001190** 03-28-2005 90073 029 ****61.25 1. Entity Name MIGHTY WARRIORS, INC. Principal Place of Business Mailing Address 11007 JASMINE CIRCLE P.O. BOX 15363 20031122 BRADENTON, FL 34209 BRADENTON, FL 34280 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 03142005 Chg-NP Suite, Apt. #, etc. CR2E037 (10/03) City & State City & State 4. FEI Number 65-0764330 Applied For Not Applicable Zim Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOHANNAN, FREDERICK A Street Address (P.O. Box Number is Not Acceptable) 11007 JASMINE CIRCLE BRADENTON, FL 34209 City 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 Stonsture, broad or printed name of registered agent and title if engineetie. (NOTE: Recistered Agent sconsture required when constating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Oelete TITLE ☐ Change YOHANNAN, FREDERICK A NAME STREET ADDRESS 11007 JASMINE CIRCLE STREET ADDRESS CITY-ST-ZP BRADENTON, FL 34209 CITY-ST-7IP TR D Delete TITLE **Change** ☐ Addition Vincent Cannatello 11523 Palm BrushTR #333 LAKEWOOD RANCH FL 34202 NAME CANNATELLO, VINCENT **6815 53 AVE EAST** STREET ACCRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP TR Delete TITLE Addition YOHANNAN, FREDERICK H NAME NAME STREET ADDRESS 11007 JASMINE CIR STREET ADDRESS CITY-ST-ZIP **BRADENTON, FL 34209** CTY-ST-7P TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Detete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change ■ Addition NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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.

FILED

941-920-8528