

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096194

Entity Name: MPIM CORPORATION

FILED
May 30, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 85005
HALLANDALE BEACH, FL 33008

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 85005
HALLANDALE BEACH, FL 33008

New Mailing Address:

FEI Number: 65-1046218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IVANOVSKI, MAGDALENE
437 GOLDEN ISLES DRIVE
STE 10
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IVANOVSKI, MAGDALENE
Address: P.O. BOX 85005
City-St-Zip: HALLANDALE, FL 33008

Title: P () Delete
Name: IVANOVSKI, BOJIDAR
Address: P.O. BOX 85005
City-St-Zip: HALLANDALE, FL 33008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDALENE IVANOVSKI

P

05/30/2006

Electronic Signature of Signing Officer or Director

Date