

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003390

Entity Name: MITIGATION ASSOCIATES, INC.

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

2649 PEMBERTON DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 163193
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

2649 PEMBERTON DRIVE
APOPKA, FL 32703

FEI Number: 59-3719293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ANNA
P.O. BOX 163193
ALTAMONTE SPRINGS, FL 32716 US

Name and Address of New Registered Agent:

THOMAS, ANNA
2649 PEMBERTON DRIVE
APOPKA, FL 32703 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: ANNA THOMAS

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADOW, STUART
Address: 201 SHERYL DR
City-St-Zip: DELTONA, FL 32738

Title: ST () Delete
Name: NIELSEN, STEPHEN A
Address: 719 ALPINE ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: STUART BRADOW

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date