2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048945

Name:

Address:

City-St-Zip:

Entity Name: M.I.P. FLORIDA SUN. INC.

FILED Jan 30, 2005 Secretary of State

Littly Nai	IIIe. WI.I.F. FLC	ORIDA SON, INC.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	GO COURT RAL, FL 33904					
Current Mailing Address:			New Mailing Address:			
	GO COURT RAL, FL 33904					
FEI Number:	: 01-0636998	FEI Number Applied For()	FEI Number Not Applic	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
MELZER, UWE 5366 CONGO COURT CAPE CORAL, FL 33904 US			5366 CONG	MELZER, KURT U 5366 CONGO COURT CAPE CORAL, FL 33904 US		
	named entity see of Florida.	ubmits this statement for the	ourpose of changing its	s registered of	fice or registered agent, or both,	
SIGNATUR	RE: KURT ME	LZER		01/30/2005		
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	rors:	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () PUSCHMANN, N 2402 SW 49TH CAPE CORAL, F	TERRACE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	P () PUSCHMANN, N 2402 SW 49TH CAPE CORAL, F	TERRACE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ST () PUSCHMANN, N 2402 SW 49TH CAPE CORAL, F	TERRACE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	()	Delete	Title:	VP ()	Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

MELZER, KURT U

5366 CONGO COURT

CAPE CORAL, FL 33904

SIGNATURE: MICHAEL PUSCHMANN D 01/30/2005