2007 FOR PROFIT CORPORATION

Mar 22, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P01000051768** 03-22-2007 90008 042 ***150.00 1. Entity Name MICELI GROUP, INC. Mailing Address Principal Place of Business 00027132 4545 36TH STREET 4545 36TH STREET ORLANDO, FL 32811 ORLANDO, FL 32811 No Chg-P CR2E034 (11/05) 03162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3729368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNYDER, JONI DO NOT WRITE 4545 36TH STREET ORLANDO, FL 32811 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. . . TITLE MICELI, JOHN NAMÉ STREET ADDRESS 4545 36TH STREET ORLANDO, FL 32811 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 fustee empowered to execute this report as required by Chapter 607, 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.

Date

Daytime Phone #

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED