

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 010 ***150.00

DOCUMENT # P01000063765 1. Entity Name MIND RENEWAL, INC.			
Principal Place of Business 133 OCEAN CAY WAY HYPOLUXO, FL 33462		Mailing Address 133 OCEAN CAY WAY HYPOLUXO, FL 33462	
2. Principal Place of Business - No P.O. Box # 1255 SW 46 Ave.		3. Mailing Address 1255 SW 46 Ave.	
Suite, Apt. #, etc. # 1712		Suite, Apt. #, etc. # 1712	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33065		Zip 33065	
Country US		Country US	
4. FEI Number 65-1119446		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HANDWERKER, CRAIG A PRES 133 OCEAN CAY WAY HYPOLUXO, FL 33462		7. Name and Address of New Registered Agent Name Handwerker, Craig A. Street Address (P.O. Box Number is Not Acceptable) 1255 SW 46 Ave. #1712 City Pompano Beach FL 33065	
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 <u><i>Craig A. Handwerker</i></u> DATE <u><i>4/12/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HANDWERKER, CRAIG A PRES 133 OCEAN CAY WAY HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Handwerker, Craig A. 1255 SW 46 Ave #1712 Pompano Beach, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 trustee 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.			
SIGNATURE: <u><i>Craig A. Handwerker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/12/07</i></u> <small>Date</small>	