


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000118497</b>	
<b>1. Entity Name</b> <b>MIRAMAR ENTERPRISES OF FWB, INC.</b>	

<b>Principal Place of Business</b> 165-C BROOKS ST SE FORT WALTON BEACH, FL 32548	<b>Mailing Address</b> 165-C BROOKS ST SE FORT WALTON BEACH, FL 32548
---	---



02202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 02-0539501	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
------------------------------------	--

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  MYERS, SUSAN S 31 BAY DRIVE SE FORT WALTON BEACH, FL 32548
--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**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 not applicable. (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>03/07/06-80072-006 150.00</b>
---	---	----------------------------------

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PDST</b> MYERS, SUSAN S 31 BAY DRIVE SE FORT WALTON BEACH, FL 32548
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> MITCHELL, ES 165-C BROOKS ST SE FORT WALTON BEACH, FL 32548
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

**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.**

<b>SIGNATURE:</b> <u>Susan S. Myers President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/20/06</b> <small>Date</small>	<b>850-664-5664</b> <small>Daytime Phone #</small>
--	---------------------------------------	---