


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000277</b> 1. Entity Name M.I.R. ENTERPRISES, INC.	
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Principal Place of Business 1824 SPARROW SONG LANE OCOE, FL 34761	Mailing Address 1824 SPARROW SONG LANE OCOE, FL 34761
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**DO NOT WRITE IN THIS SPACE**



04092005 No Chg-P CR2E034 (10/03)

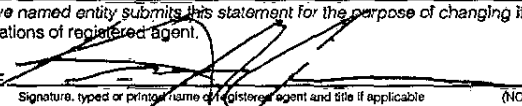
4. FEI Number 26-0009971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, KEVIN G  
1824 SPARROW SONG LANE  
OCOE, FL 34761

**DO NOT WRITE  
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  DATE 4/7/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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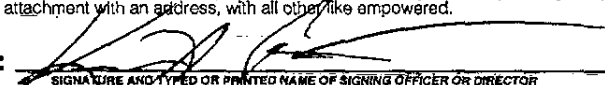
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, KEVIN G 1824 SPARROW SONG LANE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, DAVID 1824 SPARROW SONG LANE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, KEVIN 1824 SPARROW SONG LANE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORRES, DAVID 1824 SPARROW SONG LANE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000296390  
04/11/05-80009-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 4/7/05 DAYTIME PHONE # 407-509-6878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR