

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064920

FILED
Feb 26, 2007
Secretary of State

Entity Name: MIGHTY PUNISHA INCOPORATED

Current Principal Place of Business:

8530 LAZY RIVER DR.
TAMPA, FL 33617

New Principal Place of Business:

4629 16TH AVE SOUTH
ST PETERSBERG, FL 33711

Current Mailing Address:

8530 LAZY RIVER DR.
TAMPA, FL 33617

New Mailing Address:

4629 16TH AVE SOUTH
ST PETERSBERG, FL 33711

FEI Number: 81-0608142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, NEWTON
8530 LAZY RIVER DR.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

GRAY, NEWTON
4629 16TH AVE SOUTH
ST PETERSBURG, FL 33711 US

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.

SIGNATURE:

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAY, NEWTON
Address: 8530 LAZY RIVER DR.
City-St-Zip: TAMPA, FL 33617

Title: T (X) Delete
Name: MCLACHLAN, STEPHANIE
Address: 8530 LAZY RIVER DR.
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: WADE, KIRAN
Address: 8530 LAZY RIVER DR.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: HARTLEY, HENRY
Address: 8530 LAZY RIVER DR.
City-St-Zip: TAMPA, FL 33617

Title: S (X) Delete
Name: BARTLEY, ROBERT
Address: 8530 LAZY RIVER DR.
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAY, NEWTON
Address: 4629 16TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WADE, KIRAN
Address: 4629 16TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change () Addition
Name: HENRY, HARTLEY
Address: 4629 16TH AVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: NEWTON GRAY

RA

02/26/2007

Electronic Signature of Signing Officer or Director

Date