


FILED
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Secretary of State

04-02-2007 90051 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P02000069912
 1. Entity Name
MICHAEL & MICHELLE, INC.



Principal Place of Business Mailing Address
2525 EAST LAKE RD. **2525 EAST LAKE RD.**
PALM HARBOR, FL 34685 US **PALM HARBOR, FL 34685 US**

DO NOT WRITE IN THIS SPACE

40047821



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3721180	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KILISSANLY, PAUL
5475 KARLSBURG PLACE
PALM HARBOR, FL 34685

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KILISSANLY, PAUL E
STREET ADDRESS	5475 KARLSBURG PL
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	P
NAME	KERRO, MICHEAL
STREET ADDRESS	1734 CITRON CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34855
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul E. Kilissanly - PAUL E. Kilissanly - 3-8-07 727-772-6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #