


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90047 038 ***150.00

DOCUMENT # P02000075551	
1. Entity Name MIKE'S WAY ENTERPRISES, INC.	
	
Principal Place of Business 22039 ALTONA DR 21799 PHILMONT COURT BOCA RATON, FL 33428	Mailing Address 22039 ALTONA DR 21799 PHILMONT COURT BOCA RATON, FL 33428



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0416243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

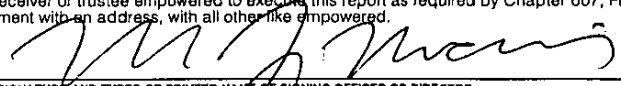
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6. Name and Address of Current Registered Agent MORRIS, MICHAEL 22039 ALTONA DR 21799 PHILMONT COURT FT LAUDERDALE, FL 33324 BOCA RATON, FL 33428	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, MICHAEL J 22039 ALTONA DR 21799 PHILMONT COURT BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, DANYALLE R 22039 ALTONA DR 21799 PHILMONT COURT BOCA RATON, FL 33428
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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: 	2-7-06 561-239-3419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #