


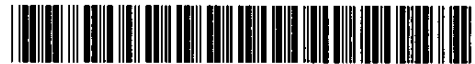
**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90416 023 ***150.00

DOCUMENT # P02000092679					
1. Entity Name MIRRORS R US INC					
Principal Place of Business 8140 TAUREN CT NAPLES, FL 34119 US			Mailing Address 8140 TAUREN CT NAPLES, FL 34119 US		
2. Principal Place of Business 3899 MANNIX DR Suite, Apt. #, etc. # 423 City & State NAPLES, FL Zip 34114 Country USA			3. Mailing Address 3899 MANNIX DR Suite, Apt. #, etc. # 423 City & State NAPLES, FL Zip 34114 Country USA		
4. FEI Number 55-0792322			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 MATTSON, ROBERTA 8140 TAUREN CT NAPLES, FL 34119			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 7897 UMBERTO CT. City NAPLES, FL Zip Code 34114		
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 <u>Robert Mattson</u> <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MATTSON, ARNOLD STREET ADDRESS 8140 TAUREN CT CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7897 UMBERTO CT STREET ADDRESS NAPLES, FL 34114 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MATTSON, ARNOLD L JR. STREET ADDRESS 8140 TAUREN CT CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 7897 UMBERTO CT STREET ADDRESS NAPLES, FL 34114 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ARNOLD MATTSON PRES			4/27/06 239-352-6608		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04132006 Chg-P CR2E034 (11/05)