## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 16, 2006 08:00 AM DOCUMENT # P02000102990 Secretary of State TODD MINIKUS, LIMITED, INC. Principal Place of Business Mailing Address 1940 CHEETHAM HILL BLVD 1940 CHEETHAM HILL BLVD. LOXAHATCHEE, FL 33470-4147 LOXAHATCHEE, FL 33470 01122006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4236460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINIKUS, TODD DO NOT WRITE 1940 CHEETHAM HILL BLVD LOXAHATCHEE, FL 33470-4147 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE MINIKUS, TODD MANE STREET ADDRESS 1940 CHEETHAM HILL BLVD CHY-ST-ZIP LOXAHATCHEE, FL 334704147 Unnoon437269 02/28/06-80035-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 ooth; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Topo Hinikus President

2.13.06

561-333-0219

FILED