

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90410 013 \*\*\*150.00

<b>DOCUMENT # P03000006021</b> 1. Entity Name <b>MICKLEWHITE ACQUISITIONS GROUP, INC.</b>			
Principal Place of Business <b>19300 EAST OAKMONT DRIVE</b> <b>MIAMI, FL 33015 US</b>		Mailing Address <b>19300 EAST OAKMONT DRIVE</b> <b>MIAMI, FL 33015 US</b>	
2. Principal Place of Business <b>19300 E Oakmont Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>19300 E Oakmont Dr</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33015</b> Country <b>US</b>		City & State <b>Miami, FL</b> Zip <b>33015</b> Country <b>US</b>	
4. FEI Number <b>55-0818234</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MICKLEWHITE, EZRA H</b> <b>19300 EAST OAKMONT DRIVE</b> <b>MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>Micklewhite Ezra H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13899 Biscayne Blvd</b> <b>N Miami Fla 33181</b> City <b>N Miami</b> <b>FL</b> Zip Code <b>33181</b>	
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 <b>4-25-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PCEO</b> <input type="checkbox"/> Delete NAME <b>MICKLEWHITE, EZRA H</b> STREET ADDRESS <b>19300 E OAKMONT DRIVE</b> CITY-ST-ZIP <b>MIAMI, FL 33015</b>	TITLE <input type="checkbox"/> Delete NAME <b>MICKLEWHITE, EZRA H</b> STREET ADDRESS <b>19300 E OAKMONT DRIVE</b> CITY-ST-ZIP <b>MIAMI, FL 33015</b>	TITLE <b>Managing Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Laura Gray</b> STREET ADDRESS <b>13899 Biscayne Blvd</b> CITY-ST-ZIP <b>N Miami FLA 33181</b>	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Laura Gray</b> STREET ADDRESS <b>13899 Biscayne Blvd</b> CITY-ST-ZIP <b>N Miami FLA 33181</b>
TITLE <b>COB</b> <input type="checkbox"/> Delete NAME <b>MICKLEWHITE, EZRA H</b> STREET ADDRESS <b>19300 E OAKMONT DRIVE</b> CITY-ST-ZIP <b>MIAMI, FL 33015</b>	TITLE <input type="checkbox"/> Delete NAME <b>MICKLEWHITE, EZRA H</b> STREET ADDRESS <b>19300 E OAKMONT DRIVE</b> CITY-ST-ZIP <b>MIAMI, FL 33015</b>	TITLE <b>Director of Legal Affairs</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Kathleen Gray</b> STREET ADDRESS <b>13899 Biscayne Blvd</b> CITY-ST-ZIP <b>N Miami FLA 33181</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Kathleen Gray</b> STREET ADDRESS <b>13899 Biscayne Blvd</b> CITY-ST-ZIP <b>N Miami FLA 33181</b>
TITLE <b>DOT</b> <input type="checkbox"/> Delete NAME <b>GRAY, DEAN</b> STREET ADDRESS <b>13899 BISCAYNE BLVD. #205</b> CITY-ST-ZIP <b>N. MIAMI, FL 33181</b>	TITLE <input type="checkbox"/> Delete NAME <b>GRAY, DEAN</b> STREET ADDRESS <b>13899 BISCAYNE BLVD. #205</b> CITY-ST-ZIP <b>N. MIAMI, FL 33181</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 exemption stated in Section 119.07(3)(i), 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:		Date <b>4-25-05</b> Daytime Phone # <b>303-702-6403</b>	