2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053592

Entity Name: MINGO AFFILIATES SERVICES INC.

FILED May 12, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3755 N.W. MIAMI, FL					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3755 N.W. MIAMI, FL :					
FEI Number:	57-1166411	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
MINGO, TIMOTHY C PRES 4560 NW 5TH PLACE PLANTATION, FL 33317 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State		domits this statement for the purp	ose of changing its registere	d office of registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
		(2)(b), F.S., the corporation did not red Trust Fund Contribution ().	ceive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () [MINGO, TIMOTH 4560 N W 5TH P PLANTATION, FL	LACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () E SMALL, DELORI 20303 N W 28TH MIAMI, FL 33056	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ()[POWELL, CYNTI 1961 N.W. 187TH MIAMI, FL 33056	HST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [HARPER-MINGO 4560 NW 5TH PL PLANTATION, FL	ACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [MCCULLOUGH, 3755 N.W. 197TH MIAMI, FL 3305	HST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [FEAD, CORA 3755 N.W. 197TH MIAMI, FL 33058		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY C. MINGO PRES 05/12/2008