2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

			1	- NT 12 200	C 00 00 A N/E
DOCUMENT # P03000069796 1. Entity Name				Mar 13, 2006 08:00 AM Secretary of State	
MY MEAI	L TICKET, INC.				
Principal Plac	ce of Business	Mailing Address	}		
3227 HORSESHOE DR. S. SUITE 108 NAPLES FL 34104-6117 US		3227 HORSESHOE DR. S. SUITE 108 NAPLES FL 34104-6117 US			
2. Principal Place of Business		3. Mailing Address			(BER 16 SERIAL BIOSE SECRETALIS BOOK BOOK BOOK
Suite. Apt. #, etc.		Suite, Apt. #, etc.		tst MOORE C	R2E034 (10/05)
City & Stat	е	City & State		4. FEI Number 20-0129484	Applied For Nat Applie.
Zip 	Country .	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Reg	istered Agent
FULLER, DAVID L					
766 17TH AVE S NAPLES FL 34102			Street Address	s (P.O. Box Number is Not Acceptable)	
			City !		FL Zip Code
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistered office or regist	tered agent, or both, in the State of Florid	da. I am familiar with, and acc
ine doliga	ions of registered agent.		}		
SIGNATURE	Signature, typed or printed name of registered agent r	and life disposession (NCTE)	Registated Agent signature requir	rad uton reveal sloviš	DATE
	ILE NOW!!! FEE IS \$150.00	***			
After	May 1, 2006 Fee Will Be \$550,00 Payable to Florida Department of	State	} ;	9. Election Campaig Trust Fund Contri	
10.	OFFICERS AND	***	5 11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE		☐ Change ☐ A
NAME	FULLER, DAVID L		NAME /	U00000463	1735 187-005 150 .00
STREET ADDRESS CITY-ST-2IP	766 17TH AVE S NAPLES FL 34102		STREET AGORESS	03/21/06-800	187-005 150 .00
	NAPLES FL 34102	——————————————————————————————————————	CITY-ST-ZIP		
TITLE		Delete	NAME		☐ Change ☐ AA*
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CITY-ST-ZiP			D/TY - ST- ZIP		
TATLE		☐ Delete	PUTE		☐ Change ☐ Ad-*
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS (CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS CITY-ST-71P			STREET ADDRESS		
			C/TY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ A-4**
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CHTY-ST-ZIP		
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NAME.			NAME		
STREET ADDRESS CITY-ST-7P			STREET ADDRESS		
7111-01-73E			CITY-ST-ZIP		

12. I tiereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myfuller

David L. Fuller

J-8.06 239.262.528

FILED