
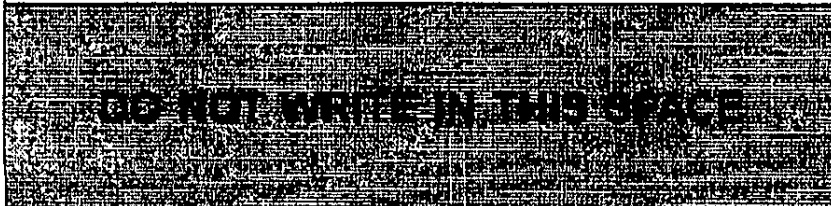


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 03, 2007 08:00 A  
Secretary of State

<b>DOCUMENT # P03000071765</b>	
1. Entity Name <b>MICHAEL E. JOHNSON, INC.</b>	

Principal Place of Business <b>6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308</b>	Mailing Address <b>6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308</b>
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04302007 No Chg-P CR2E034 (11/05)

4. FBI Number <b>04-3768164</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ADAMS, NATALIE  
1333 NW 87 AVE  
CORAL SPRINGS, FL 33071**

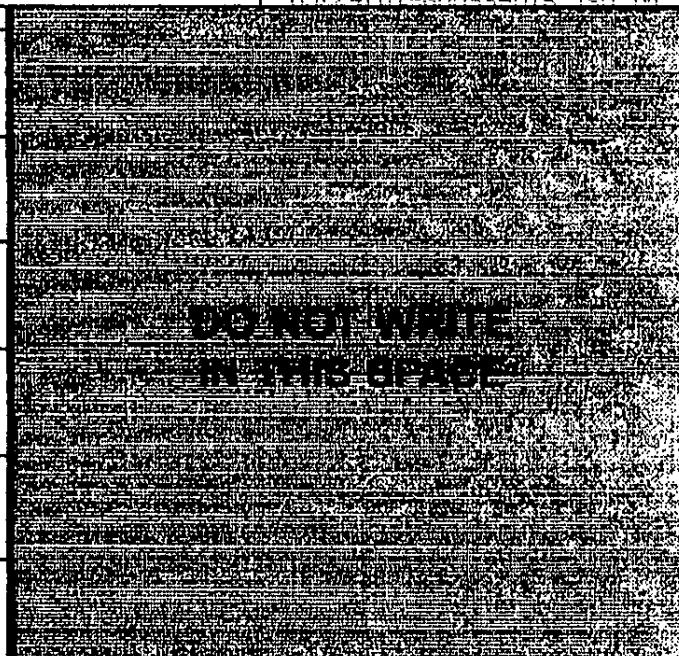


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retreating) DATE

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$300.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	U00000759210 05/24/07-20022-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, MICHAEL E 6278 N FEDERAL HWY #124 FT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 included 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:**  **5/1/07 (954)5484233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #