

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000080289

1. Entity Name
MITIGATION PBC, INC.



Principal Place of Business

7932 FLAGLER COURT SOUTH
WEST PALM BEACH, FL 33405 US

Mailing Address

12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414 US

**FILED
Mar 05, 2008 08:00 A
Secretary of State**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0113545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

TITLE P. T
NAME MCINTOSH, DAVID
STREET ADDRESS 7932 FLAGLER COURT SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33405

U000000847929
03/19/08-80038-017 150.00

TITLE D
NAME MCINTOSH, DAVID
STREET ADDRESS 7932 FLAGLER COURT SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE VP
NAME OLSON II, EDWARD C
STREET ADDRESS 205 OLIVE AVENUE, SUITE 16
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE S. D
NAME OLSON II, EDWARD C
STREET ADDRESS 205 OLIVE AVENUE, SUITE 16
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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: *Marcia McIntosh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David McIntosh, President

3/3/08

(561)355-3900

Date

Daytime Phone #