

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000035630

Entity Name: MIGHTY TEN CORP.

FILED
May 03, 2007
Secretary of State

Current Principal Place of Business:

511 SE 33 STREET
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

511 SE 33 STREET
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 26-0088895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYLER, MARIA T
511 SE 33 STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAYLER, MARIA T
Address: 511 SE 33 STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: V () Delete
Name: KAYLER, ADAM
Address: 511 SE 33 STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DRAIZIN, LANCE
Address: 1800 VIA ROYALE #1820
City-St-Zip: JUPITER, FL 33458

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: MARIA T KAYLER

P

05/03/2007

Electronic Signature of Signing Officer or Director

Date