


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000136854
 1. Entity Name
 MIRTH HOLDINGS, INC.



Principal Place of Business Mailing Address
 1100 PARVIEW DRIVE PO BOX 418
 SANIBEL ISLAND, FL 33957 SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-1738662 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 LAMBERT, WALTER
 1100 PARVIEW DRIVE
 SANIBEL ISLAND, FL 33957

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 _____ (NOTE: Registered Agent signature required when reinstating)
 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000758380
 05/24/07-80023-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAMBERT, WALTER
STREET ADDRESS	1100 PARVIEW DRIVE
CITY - ST - ZIP	SANIBEL ISLAND, FL 33957
TITLE	VP
NAME	LAMBERT, CARRIE A
STREET ADDRESS	1100 PARVIEW DRIVE
CITY - ST - ZIP	SANIBEL ISLAND, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Walter Lambert*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 239-540-4103

 Date Daytime Phone #