


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000152678</b><br>1. Entity Name<br><b>MIMI'S CRAFTS INC.</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>214 HWY. A1A<br/>SATELLITE BEACH, FL 32937</b> | Mailing Address<br><b>214 HWY. A1A<br/>SATELLITE BEACH, FL 32937</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

|  |   |
|--|---|
| 4. FEI Number<br><b>20-1881293</b>                                   | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

6. Name and Address of Current Registered Agent

**ORRISON, MICHELE  
214 HWY. A1A  
SATELLITE BEACH, FL 32937**

**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 reissuing) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |
|---|--|--|

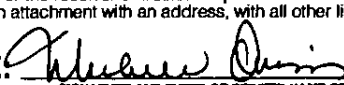
10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ORRISON, MICHELE<br>136 SE 1ST STREET<br>SATELLITE BEACH, FL 32937 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ORRISON, BRIAN C<br>136 SE 1ST STREET<br>SATELLITE BEACH, FL 32937 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000699036  
04/19/07-80026-017 158.75

**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:**  **Michele Orrison,  
President** **4/8/07** **(321)  
779-3266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #