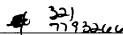
2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # P04000152678** MIMI'S CRAFTS INC. Principal Place of Business Mailing Address 214 HWY, A1A 214 HWY, A1A SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 03242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1881293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORRISON, MICHELE DO NOT WRITE 214 HWY, A1A SATELLITE BEACH, FL 32937 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) U00000888647 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 04/22/08-80020-022 158.75 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ORRISON, MICHELE NAME 136 SE 1ST STREET STREET ADDRESS CITY - ST- ZIP SATELLITE BEACH, FL 32937 TITLE ORRISON, BRIAN C NAME STREET ADDRESS 136 SE 1ST STREET CITY - ST - ZIP SATELLITE BEACH, FL 32937 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IIIŒ NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 empowe MICHELE ORRISON

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP



FILED