


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90190 001 ***150.00

DOCUMENT # P05000030795 1. Entity Name MICKEY'S HOUSE OF COFFEES CORP.	
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Principal Place of Business 243 CENTRAL AVENUE ST PETERSBURG, FL 33701	Mailing Address 1224 ROYAL PALM DRIVE GULFPORT, FL 33707
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40050613



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2396371	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALEOLOGOS, MICKEY 1224 ROYAL PALM DRIVE GULFPORT, FL 33707
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS PALEOLOGOS, MICKEY 1224 ROYAL PALM DRIVE GULFPORT, FL 33707
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	MICKEY PALEOLOGOS 23/03/07 <small>Date</small>	(727) 8240889 <small>Office Phone #</small>
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