

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90478 011 ***150.00

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02102006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000031970 1. Entity Name MIPS ENTERPRISES CORP.					
Principal Place of Business 935 SHRIVER CIR SUITE 101 LAKE MARY, FL 32746 US			Mailing Address 935 SHRIVER CIR SUITE 101 LAKE MARY, FL 32746 US		
2. Principal Place of Business 223 HICKMAN DR. Suite, Apt. #, etc. 101		3. Mailing Address C/O DIPAK SHAH Suite, Apt. #, etc. Post Box # 542064			
City & State SAND FORD - FL		City & State MERRITT ISLAND, FL			
Zip 32771		Zip 32954			
Country U.S.A.		Country U.S.A.		4. FEI Number 20-242-7626	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DESAI, PRAGNA 935 SHRIVER CIR LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name UDAY PARMAR Street Address (P.O. Box Number is Not Acceptable) 1030, LORINE DR - H. City MERRITT ISLAND FL Zip Code 32953	
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 Uday Parmar (P) Pragna Desai <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESAI, PRAGNA 935 SHRIVER CIR LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UDAY PARMAR 1030, LORINE DR - H. MERRITT ISLAND - FL-32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Uday Parmar (P) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04/24/06 Daytime Phone # 321-604-8634	