2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90414 047 ***158.75

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1. Entity Name
MIPS ENTERPRISES CORP.

Principal Place of Business	Mailing Address
2231 HICKMAN DR SUITE 101 SANFORD, FL 32771 US	C/O DIPAK SHAH PO BOX 542064 MERRITT ISLAND, FL 32954 US

04232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		MIPS ENTERPRISES CORP.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P. O. BOX - 542064	
City & State		City & State MERRITT ISLAND - FL	
Zip	Country	Zip 32954	Country U.S.A.

4. FEI Number 20-2427626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SONI, REKHA 1030 LORINE DR A MERRITT ISLAND, FL 32953	Name DIPAK SHAH Street Address (P.O. Box Number is Not Acceptable) 1030 LORING DR. APT # 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 D. G. Shah R Soni 4-22-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☑ Delete	TITLE	President	☑ Change ☐ Addition
NAME	SONI, REKHA		NAME	DIPAK SHAH	
STREET ADDRESS	1030 LORINE DR H		STREET ADDRESS	1030 LORING DR. APT - H	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: D. G. Shah 04/22/08 321-454-7247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #