2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2007 8:00 am Secretary of State DOCUMENT # P05000055754 1. Entity Name 04-02-2007 90095 050 ***158.75 MIKE SENN, INC. Principal Place of Business Mailing Address 10107 FRANKEL ST 10107 FRANKEL ST ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-2680163 Not Applicable Zip Country Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENN, TERESA A Street Address (P.O. Box Number is Not Acceptable) 10107 FRANKEL STREET ORLANDO FL 32825 Zip Code 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. INN SIGNATURE ___(NOTE_Registered Agent ne ot registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete TITLE Change Addition VP. SENN, TERESA A Senn, Teresa A. 10107. Frankel St. ORlando, Fl. 32825 NAME NAME 10107 FRANKEL ST. STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-ZIP ☐ Deleie TITLE ☐ Addition SENN, MIKE Senn, mike NAME NAME 10107 FRANKEL ST. STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CUY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition SENN, MICHAEL SR. NAME NAME 10107 FRANKEL ST. STREET ADDRESS STREET ADDRESS OPLANDO FL 32025 Gift ST ZiP CITY OF ZID -ME ☐ Change Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP THE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE HILE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP

FILED

SIGNATURE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.