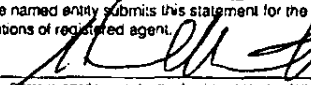


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1/

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-01-2006 90356 038 ***150.00

DOCUMENT # P05000063706			
1. Entry Name MI BULIN INVESTMENT CORP.			
Principal Place of Business 441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068		Mailing Address 441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068	
2. Principal Place of Business 3333 W Commercial		3. Mailing Address 3333 W Commercial	
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110	
City & State FT. Lauderdale FL		City & State FT. Lauderdale FL	
Zip 33309	Country US	Zip 33309	Country US
6. Name and Address of Current Registered Agent HOWITT, STUART 441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3333 W Commercial 110 City FT. Lauderdale FL Zip Code 33309	
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:  DATE: 4/26/06 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILGAM, ADELA 441 S. STATE RD. 7, STE. 15 MARGATE, FL 33068 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3333 W Commercial #110 FT. Lauderdale FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 an other, the employer.			
SIGNATURE: 		Date: 4/27/06 (201) 883-7974	