


**1. 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90101 015 ***150.00

DOCUMENT # P05000109034 1. Entity Name MIREPOIX, INC.	
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Principal Place of Business 3405 PELICAN LANDING PARKWAY SUITE 1 BONITA SPRINGS, FL 33923	Mailing Address 3405 PELICAN LANDING PARKWAY SUITE 1 BONITA SPRINGS, FL 33923
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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3756468	Applied For <input type="checkbox"/> 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 DOBBS, JOAN L 17595 S TAMIAMI TRAIL SUITE 23 FORT MYERS, FL 33908

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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 reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALL, ROBIN A 3405 PELICAN LANDING PARKWAY STE 1 BONITA SPRINGS, FL 33923
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARR, TIMOTHY P 3405 PELICAN LANDING PARKWAY STE 1 BONITA SPRINGS, FL 33923
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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:  Reg Agui	4/28/06 (639) 481-4192
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>