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Feb 26, 2007 8:00 am
Secretary of State
01-25-2007 90047 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000114558

1. Entity Name
MIKEY BUYS HOMES, INC.

01142007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3004 W ROBSON STREET TAMPA, FL 33614	3004 W ROBSON STREET TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
P.O. Box 151897		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa Fl		City & State	
Zip: 33684	Country: USA	Zip	Country

4. FEI Number: 65-1259866 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOS, MICHAEL
3004 W ROBSON STREET
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: Michael Santos
Street Address (P.O. Box Number is Not Acceptable): 7302 Eaton Way
City: Tampa FL Zip Code: 33615

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 ____________________ 1/15/2007
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, 2007 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	P SANTOS, MICHAEL 3004 W ROBSON STREET TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Michael Santos P.O. Box 151847 Tampa Fl 33684	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: ____________________ 02/15/07 813-601-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #