

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133484

Entity Name: MIDEX SOLUTIONS INC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

345 NE 111 STREET
MIAMI, FL 33161

New Principal Place of Business:

10411 ALTMAN STREET
TAMPA, FL 33612

Current Mailing Address:

345 NE 111 STREET
MIAMI, FL 33161

New Mailing Address:

PO BOX 16349
TAMPA, FL 33687

FEI Number: 20-3713891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRASER, DEXTER
345 NE 111 STREET
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

FRASER, DEXTER
10411 ALTMAN STREET
TAMPA, FL 33687 US

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.

SIGNATURE: DEXTER FRASER

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FRASER, DEXTER
Address: 345 NE 111 STREET
City-St-Zip: MIAMI, FL 33161

Title: VP/D () Delete
Name: CHEN, MICHAEL
Address: 345 NE 111 STREET
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: CHEN, RAQUELINE
Address: 345 NE 111 STREET
City-St-Zip: MIAMI, FL 33161

Title: S/D () Delete
Name: CHEN, MARSHA
Address: 345 NE 111 STREET
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FRASER, DEXTER
Address: 10411 ALTMAN STREET
City-St-Zip: TAMPA, FL 33687 US

Title: VP/D (X) Change () Addition
Name: CHEN, MICHAEL
Address: 921 AXLEWOOD CIRCLE
City-St-Zip: BRANDON, FL 33511 US

Title: T (X) Change () Addition
Name: CHEN, RAQUELINE
Address: 921 AXLEWOOD CIRCLE
City-St-Zip: BRANDON, FL 33511 US

Title: S/D (X) Change () Addition
Name: FRASER, MARSHA A
Address: 10411 ALTMAN CIRCLE
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEXTER FRASER

P/D

07/05/2006

Electronic Signature of Signing Officer or Director

Date