


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000140565 1. Entity Name MIROMAS SUB'S OF ESTERO INCORPORATED |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1709 SW 15TH AVE. CAPE CORAL, FL 33991 | Mailing Address 1709 SW 15TH AVE. CAPE CORAL, FL 33991 |
|---|---|

DO NOT WRITE IN THIS SPACE



03282007 No Chg-P CR2E034 (11/05)

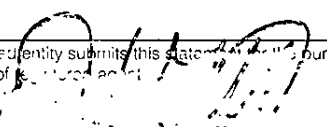
| | |
|--|---------------------------------------|
| 4. FEI Number 84-1693203 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GARRATT, DAVID
1709 SW 15TH AVE.
CAPE CORAL, FL 33991

DO NOT WRITE IN THIS SPACE

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 the registered agent.

SIGNATURE  DATE 4/23/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

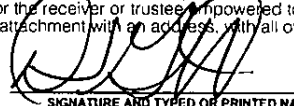
10. OFFICERS AND DIRECTORS

| | |
|-----------------------|----------------------|
| TITLE | PD |
| NAME | GARRATT, DAVID |
| STREET ADDRESS | 1709 SW 15TH AVE. |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 |
| TITLE | V |
| NAME | GARRATT, ROBERT |
| STREET ADDRESS | 4131 GUNNISON #1021 |
| CITY-ST-ZIP | FT. MYERS, FL 33928 |
| TITLE | ST |
| NAME | PAIGE, BRETT |
| STREET ADDRESS | 9009 IRVING RD. |
| CITY-ST-ZIP | FT. MYERS, FL 33912 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/15/07-80157-013 150.00

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:  **DAVID GARRATT** 4/26/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #