

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000144653

1. Entity Name
MIKE BOWLING ENTERPRISES, INC.



**FILED
Aug 04, 2006 8:00 am
Secretary of State**

08-04-2006 90016 046 ***550.00

50024205



07282006 Chg-P CR2E034 (11/05)

| | |
|------------------------------------|----------------|
| 4. FEI Number 31-1232192 | 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 | | 7. Name and Address of New Registered Agent | |
| BOWLING, J. MICHAEL 2420 LYNNDALE ROAD FERNANDINA BEACH, FL 32034 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent: signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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 | DPST BOWLING, J. MICHAEL 2420 LYNNDALE ROAD FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STAN SIKORSKI 2420 LYNNDALE ROAD FERNANDINA BEACH FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

STAN SIKORSKI
VP

07/31/06

904-321-0114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #