


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000012457 1. Entity Name MIFII CORP.				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">07 AUG 15 PM 1:18</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business PO BOX 20881 TALLAHASSEE, FL 32316		Mailing Address PO BOX 20881 TALLAHASSEE, FL 32316			
2. Principal Place of Business - No P.O. Box # 3025 S. Adams St		3. Mailing Address Suite, Apt. #, etc. 223A			
City & State Tallahassee, FL		City & State City 32301		Country USA	
4. FEI Number 26-0643992		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALANSARI, A. KHALIQ 5296 SAINT IVES LANE TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">500108117895</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">08/15/07--01029--008 ***551.25</div> City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete ALANSARI, A. KHALIQ PO BOX 20881 TALLAHASSEE, FL 32316		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 Vice Chairman Kevin Willis P.O. Box 20881 Tallahassee, FL 32316		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 Director Stephen Gibson P.O. Box 20881 Tallahassee, FL 32316		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 CFO Rebecca Colclough Johnson P.O. Box 20881 Tallahassee, FL 32316		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 Director James A. Coleman P.O. Box 20881 Tallahassee, FL 32316		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 Director Corenthia E. Willis P.O. Box 20881 Tallahassee, FL 32316		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right; font-size: 1.2em;">8/15/07</div> <div style="text-align: right; font-size: 0.8em;">Date Daytime Phone #</div>		