

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065398

Entity Name: MICHALEE INSURANCE SERVICES, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

6239 EDGEWATER DR.
SUITE D-10
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

6239 EDGEWATER DR.
SUITE D-10
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 84-1710317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, SHEREEN
578 SPANISH TRACE DR.
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MORRIS, SHEREEN
6239 EDGEWATER DR
STE D-10
ORLANDO, FL 32810 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: SHEREEN MORRIS

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MORRIS, SHEREEN
Address: 578 SPANISH TRACE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Delete
Name: MORRIS, SHEREEN
Address: 578 SPANISH TRACE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC (X) Delete
Name: MORRIS, SHEREEN
Address: 578 SPANISH TRACE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TREA (X) Delete
Name: MORRIS, SHEREEN
Address: 578 SPANISH TRACE DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORRIS, SHEREEN
Address: 6239 EDGEWATER DR STE D-10
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEREEN MORRIS

PRES

01/31/2007

Electronic Signature of Signing Officer or Director

Date