2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076761

City-St-Zip:

FREEPORT, FL 32439 US

Entity Name: MISSISSIPPI CAPITAL INVESTMENTS XIV, INC.

FILED Apr 12, 2007 Secretary of State

•			, ,				
Current Principal Place of Business:				New Principal Place of Business:			
42 BUSINE SUITE 401	SS CENTRE D	PRIVE					
MIRAMAR BEACH, FL 32550 US							
Current Mailing Address:				New Mailing Address:			
SUITE 401	SS CENTRE D						
MIRAMAR BEACH, FL 32550 US							
FEI Number:	20-5123235	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MATTHEWS, DANA C 4475 LEGENDARY DRIVE BOX 40				COOK, JOSEPH M 42 BUSINESS CENTRE DRIVE SUITA AND BEACH, EL 20550, HO			
DESTIN, FL 32541 US				MIRAMAR	MIRAMAR BEACH, FL 32550 US		
The above in the State	named entity so of Florida.	ubmits this statement for t	he purpose o	f changing i	ts registere	d office or registered agent, or both,	
SIGNATURE: JOSEPH M. COOK				04/12/2007			
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () I ADKINSON, MIK 502 GREENWAY NICEVILLE, FL	COVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DEVARONA, ENI 324 CYPRESS E			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	VP/T () I ADKINSON, WAY			Title: Name:	VP/T ADKINSON,	(X) Change () Addition WAYNE WIFW COVE	

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.

City-St-Zip:

FREEPORT, FL 32439 US

SIGNATURE: ENRIQUE DEVARONA VP/S 04/12/2007