


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000085955					
1. Entity Name THE MIDAS GROUP, INC.					
Principal Place of Business 6016 45TH STREET WEST BRADENTON, FL 34210			Mailing Address 6016 45TH STREET WEST BRADENTON, FL 34210		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5109580	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, DANIEL 6016 45TH STREET WEST BRADENTON, FL 34210			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <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	<input type="checkbox"/> Delete PD Mitchell, Daniel J. 6016 45th Street West Bradenton, FL 34210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200109550502 09/18/07--01015--023 **150.00		
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		
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		
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		
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 recorder 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: _____		9-14-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5109580 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$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	Delete
NAME	PD Mitchell, Daniel J.
STREET ADDRESS	6016 45th Street West
CITY - ST - ZIP	Bradenton, FL 34210
TITLE	Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Change Addition
NAME	200109550502
STREET ADDRESS	09/18/07--01015--023 **150.00
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

As per telephone conversation with

7c 10/11