
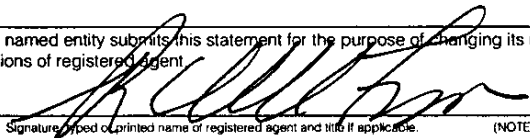
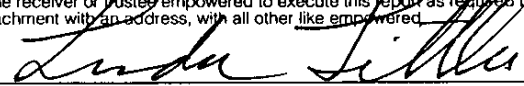


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 043 ***150.00

DOCUMENT # P06000113536			
1. Entity Name MISTERRICK INC.			
Principal Place of Business 1780 HYMOR DRIVE DELAND, FL 32724 VO		Mailing Address 1780 HYMOR DRIVE DELAND, FL 32724 VO	
2. Principal Place of Business - No P.O. Box # 2090 S NOVA RD		3. Mailing Address 2090 S. NOVA RD	
Suite, Apt. #, etc. Suite AA05		Suite, Apt. #, etc. Suite AA05	
City & State Daytona Beach, FL		City & State DAYTONA BEACH, FL.	
Zip FL 32119	Country USA	Zip 32119	Country USA
6. Name and Address of Current Registered Agent LITTLE, LINDA 1780 HYMOR DRIVE DELAND, FL 32724		7. Name and Address of New Registered Agent Name Robert D. French Street Address (P.O. Box Number is Not Applicable) 2090 S NOVA RD Suite AA05 City Daytona Beach FL Zip Code 32119	
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  DATE 4-29-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P LITTLE, LINDA 1780 HYMOR DRIVE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2090 S. NOVA RD Suite AA05 Daytona Beach, FL 32119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRONIS, JAMES 4957 NORWOOD ST WESTWOOD, KS 66205 <input checked="" 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-29-07 Daytime Phone # 3867671242	

