
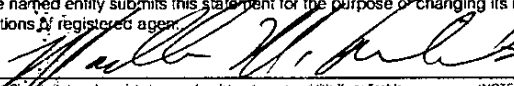
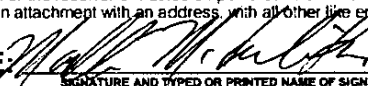


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90037 022 ***150.00

DOCUMENT # P07000044190 1. Entity Name MICHKEN, INC.																																			
Principal Place of Business 3116 WEST MORRISON AVE TAMPA, FL 33629		Mailing Address 3116 WEST MORRISON AVE TAMPA, FL 33629																																	
2. Principal Place of Business - No P.O. Box # 5107 W. KNOX ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address P.O. Box 260805 <small>Suite, Apt. #, etc.</small>																																	
City & State Tampa, FL		City & State Tampa, FL																																	
Zip 33634	Country Hillsborough	Zip 33685	Country 																																
4. FEI Number 74-3210818		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 FERLITA, MADLEIN M 3116 WEST MORRISON AVE TAMPA, FL 33629		7. Name and Address of New Registered Agent Name Madlein M. Ferlita Street Address (P.O. Box Number is Not Acceptable) 5107 W. KNOX ST. City Tampa FL Zip Code 33634																																	
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 4/1/08 <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>FERLITA, MADLEIN M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3116 WEST MORRISON AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>TAMPA, FL 33629</td> <td></td> </tr> </table>		TITLE	P	NAME	Delete <input type="checkbox"/>	NAME		FERLITA, MADLEIN M		STREET ADDRESS		3116 WEST MORRISON AVE		CITY-ST-ZIP		TAMPA, FL 33629		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>Ferlita, Madlein M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5107 W. KNOX ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>TAMPA, FL 33634</td> <td></td> </tr> </table>		TITLE	P	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME		Ferlita, Madlein M.		STREET ADDRESS		5107 W. KNOX ST.		CITY-ST-ZIP		TAMPA, FL 33634	
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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  Madlein M. Ferlita 4/1/08 (813) 854-8618 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			