


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90012 008 \*\*\*150.00

DOCUMENT # P93000041889		
1. Entity Name MIRROR MAJIC OF POMPANO BEACH, INC.		

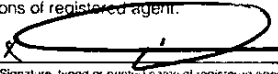
Principal Place of Business 500 B NE 27 ST B POMPANO BEACH, FL 33064	Mailing Address 500 B NE 27 ST POMPANO BCH., FL 33064 US
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2. Principal Place of Business 500 NE 27TH ST	3. Mailing Address 500 NE 27TH ST
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B
City & State POMPANO BEACH, FL	City & State POMPANO BEACH FL
Zip 33064-5434	Country BROWARD



6. Name and Address of Current Registered Agent HALLE, DAVID 500B N.E. 27 ST POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name HALLE, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 500 NE 27TH ST SUITE B City POMPANO BEACH FL Zip Code 33064-5434	
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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:  DAVID A. HALLE - PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALLE, DAVID 500 B N.E. 27 ST POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HALLE, DAVID A 5801 NW 3RD TERRACE BOCA RATON, FL 33487-4322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALLE, PAULINE 500 B N.E. 27 ST POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HALLE, PAULINE G 23 LITTLE HARBOR WAY DEERFIELD BEACH, FL 33441-3606 <input checked="" 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
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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  954-941-4009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
DAVID A. HALLE, PRESIDENT