FROM :FMI ACCOUNTING FAX NO. :4078466651

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-14-2004 90014 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069216

1. Entity Name
MYSTICAL VISIONS, INC.

Principal Place of Business
5770 W. IALO BRONSON HWY.
#412
KISSIMMEE, FL 34746

Mailing Address
C/O CHRIS MILLER
8506 NW 21ST STREET
CORAL SPRINGS, FL 33071

04092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
8506 NW 21st St
Street, Apt. #, etc.
Coral Springs, FL
City & State
33071
Country USA

3. Mailing Address
Street, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-3274036
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, CHRIS
~~3486 SHINGLE CREEK CT~~ 8506 NW 21st St
~~KISSIMMEE, FL 34746~~ Coral Springs, FL
33071

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MILLER, CHRIS ~~3486 SHINGLE CREEK CT~~ ~~KISSIMMEE, FL 34746~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Chris Miller 8506 NW 21st St Coral Springs FL 33071 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, STELLA ~~3486 SHINGLE CREEK CT~~ ~~KISSIMMEE, FL 34746~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8506 NW 21st St Coral Springs FL 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, DESSA ~~3486 SHINGLE CREEK CT~~ ~~KISSIMMEE~~, FL 34746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8506 NW 21st St Coral Springs FL 33071
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the 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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR