2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000044743

1. Entity Name
MINT PUBLICATIONS GROUP, INC.

Principal Place of Business	Mailing Address
2421 NORTHWEST 41ST STREET SUITE A2 GAINESVILLE, FL 32606 US	P O BOX 358161 GAINESVILLE, FL 32635 US

DO NOT WRITE IN THIS SPACE

02042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3334751	Not Applicable

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

6. Name and Address of Current Registered Agent

WEAVER, LEROY R
9 NORTHWEST 99TH TERRACE
GAINESVILLE, FL 32607

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing   ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEAVER, LEROY R
STREET ADDRESS	9 NW 99TH TER
CITY-ST-ZIP	GAINESVILLE, FL

TITLE	VPD
NAME	MARTIN, JOHN J
STREET ADDRESS	101 SW 136TH ST
CITY-ST-ZIP	NEWBERRY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/07-80019-001 150.00

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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: J.J. MARTIN   VP   3/7/07   352-371-3106   352-214-8686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #