2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P95000047733 1. Entity Name MID-'95, INC.					Mar 21, 2007 08:00 AM Secretary of State
Principal Place of Business Mailing Address 10282 NW 31ST STREET PO BOX 8332 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075			33075	**************************************	
2. Principal F	Place of Business No P.O. Box #	3. Mailing Address			
Suite, Apt.	#, olc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)
City & Stat	c	City & Stato			4. FEI Number 65-0743902 Applied For Not Applicable
Zıp	Country	Zip C		Ύ	5. Certificate of Status Desired \$8.75 Additional Fee Required
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
102	AND, JOSEPH 182 NW 31ST STREET RAL SPRINGS FL 33065				P.O. Box Number is Not Accoptable)
			Ī	City	FL Zip Codo
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, typud or printed name of registered agent a	and title - applicable. (NOTE	Er Registered i	Againt signature required	(Mign remsisting) (MTE
After May 1 2007 Fee Will He \$550 00					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THEF NAME STREET ADDRESS CHY-ST-ZIP	PDST BLAND, JOSEPH G 10282 NW 31ST STREET CORAL SPRINGS FL 33065	☐ Delete	HILE NAME STREET CHY-S	T ADDRESS ST-ZIP	□ change □ Addition U000000674199 03/29/07-80057-025 150.00
THE NAME SHIFT ADDRESS CHY-SI-ZIP		☐ Delete	THEE NAME STRIET CITY-S	Í AÐDIN SS S1-ZIP	Ch# Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deloie	THE NAME STREET CAY-S	I ADORESS 5(-ZIP	150 -07 Change Addition
THE NAME STREET ADDRESS CDY: ST-ZIP		□ Defeie	HILL NAME STREET CITY-S	T ADDHESS ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IDLE NAME STRIET CHY-S	T ADDIN SS ST-ZIP	Change Addition
HILL NAME STREET ADDRESS CHY-ST-7IP		□ Delete	TUTE NAME STRICT CITY-S	T ADDR'SS ST-ZIP	Change Addilion
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered SIGNATURE: ### SIGNATURE: #### SIGNATURE: ###					

FILED