


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 038 ***150.00

DOCUMENT # P95000087800					
1. Entity Name MICHAELS LIMITED, INC.					
Principal Place of Business 450 STAN DRIVE #18 MELBOURNE FL 32904-1050			Mailing Address 450 STAN DRIVE #18 MELBOURNE FL 32904-1050		
2. Principal Place of Business 2 Walapeg Rd. Suite, Apt. #, etc. Indian Harbour Beach City & State Florida Zip 32937 Country USA			3. Mailing Address 2 Walapeg Rd. Suite, Apt. #, etc. Indian Harbour Beach City & State Florida Zip 32937 Country USA		
			4. FEI Number 59-3346230		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 GENSEN, EDWARD 450 STAN DRIVE #18 MELBOURNE FL 32904-1050			7. Name and Address of New Registered Agent Name Edward Gensen Street Address (P.O. Box Number is Not Acceptable) 2 Walapeg Rd. City Indian Harbour Beach FL Zip Code 32937		
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 <u>Edward Gensen RA Edward Gensen</u> <u>2/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D GENSEN, EDWARD 450 STAN DRIVE #18 MELBOURNE FL 32904-1050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Walapeg Rd. Indian Harbour Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENSEN, BERNARDITA A 450 STAN DRIVE, #18 MELBOURNE FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Walapeg Rd. Indian Harbour Beach, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	

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 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: Edward Gensen Pres 2/20/06