


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000087800	
1. Entity Name MICHAELS LIMITED, INC.	

FILED

08 OCT -6 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09162008 Chg-P CR2E034 (12/06)

Principal Place of Business 450 STAN DR. #18 MELBOURNE, FL 32904		Mailing Address 2 WALAPEG RD INDIAN HARBOUR BEACH, FL 32937	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 1101 9th Square		Suite, Apt. #, etc. 1101 9th Square	
City & State Vero Beach, FL		City & State Vero Beach, FL	
Zip 32960	Country USA	Zip 32960	Country USA
4. FEI Number 59-3346230		Applied For 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 2 WALAPEG RD INDIAN HARBOUR BCH, FL 32937		7. Name and Address of New Registered Agent Name Edward Gensen Street Address (P.O. Box Number is Not Acceptable) 1101 9th Square City Vero Beach FL Zip Code 32960	
---	--	--	--

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 Edward Gensen DATE 9/30/08

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

Amended AR is \$61.25	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 2 WALAPEG RD INDIAN HARBOUR BEACH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 9th Square Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENSEN, BERNARDITA A 2 WALAPEG RD INDIAN HARBOUR BCH, FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4182 Chelan Dr. Melbourne, FL 32934
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 200136750692 10/08/08--01035--018 **\$61.25
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernardita A. Gensen Bernardita A. Gensen 371-863-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
9/29/08