

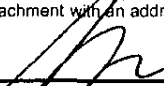


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000004466</b> 1. Entity Name <b>MIRROR IMAGE ANTIQUES, INC.</b>					
Principal Place of Business <b>303 FIRST STREET NW HAVANA, FL 32333</b>			Mailing Address <b>303 FIRST STREET NW HAVANA, FL 32333</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  05032012    Chg-P    CR2E034 (12/11)	
City & State		City & State			
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>		
4. FEI Number <b>59-3363345</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>BEARE SCHENKER, SANDI 303 FIRST STREET NW HAVANA, FL 32333</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSD BEARE SCHENKER, SANDI 303 FIRST ST. NW HAVANA, FL 32333</b> <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;"> <b>400235489654</b>  <b>05/23/12-01003--020    **150.00</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPTD SCHENKER, FREDERICK W III 303 FIRST ST. NW HAVANA, FL 32333</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </div>			
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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.					
<b>SIGNATURE:</b>  <b>SANDI BEARE SCHENKER</b> DATE _____    E-MAIL ADDRESS <b>SANDI.BEARE@ADL.COM</b>					

FILED  
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MAY 24 2012