

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015689

**FILED**  
**Mar 29, 2007**  
**Secretary of State**

**Entity Name:** MICHAEL CUMMINGS ENTERPRISES, INC.

**Current Principal Place of Business:**

1860 OAKES BLVD  
NAPLES, FL 341198749 US

**New Principal Place of Business:**

**Current Mailing Address:**

1860 OAKES BLVD  
NAPLES, FL 341198749 US

**New Mailing Address:**

**FEI Number:** 65-0648157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUMMINGS, MICHAEL  
1860 OAKES BLVD  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

CUMMINGS, MICHAEL  
1860 OAKES BLVD  
NAPLES, FL 34119 US

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.

**SIGNATURE:**

03/29/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSVT ( ) Delete  
Name: CUMMINGS, MICHAEL  
Address: 1860 OAKES BLVD  
City-St-Zip: NAPLES, FL 341198749

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL CUMMINGS

PSVT

03/29/2007

Electronic Signature of Signing Officer or Director

Date