

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P96000040741**

1. Entity Name  
MIRAGE SYSTEMS, INC.

Principal Place of Business  
1501A LEXINGTON AVE  
DELAND, FL 32724 US

Mailing Address  
P.O BOX 820  
DELAND, FL 32721-0820 US



**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3383589 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DANIEL W  
1501A LEXINGTON AVE  
DELAND, FL 32724

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>THOMPSON, DAN W<br>660 MONASTERY RD<br>ORANGE CITY, FL 32763 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>ENGLISH, DAWN M<br>P. O. BOX 484<br>DELAND, FL 32721         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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02/12/08-80058-005 150.00

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: [Signature] PRESIDENT 2/1/08 (386) 940-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

MAIL TO: DIVISION OF CORPORATIONS P.O. BOX TALLAHASSEE, FL