

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90014 021 ***150.00

DOCUMENT # P97000031200			
1. Entity Name M.I.P. CENTER, INC.			
Principal Place of Business 1500 COLONIAL BLVD. SUITE 102 FT MYERS, FL 33907		Mailing Address 11500 COLONIAL BLVD. SUITE 102 C/O PELLEGRINO FT MYERS, FL 33907	
2. Principal Place of Business 13391 GATEWAY DR. #117 Suite, Apt. #, etc.		3. Mailing Address 13391 GATEWAY DR. #117 Suite, Apt. #, etc.	
City & State Fort Myers, FL Zip 33919 Country		City & State Fort Myers, FL Zip 33919 Country	
4. FEI Number 65-0855225		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 SZYMANSKI, FRANCES C/O PELLEGRINO 1500 COLONIAL BLVD., SUITE 103 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: FRANCES SZYMANSKI Street Address (P.O. Box Number is Not Acceptable): 13391 GATEWAY DR. #117 City: Fort Myers FL Zip Code: 33919	
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: <i>Frances Szymanski</i> DATE: 5/17/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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: D NAME: FULTON, CAROL STREET ADDRESS: 11/18 SCHONLATERN GASSE A-1010 CITY-ST-ZIP: VIENNA AUSTRIA,	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FULTON, WARREN STREET ADDRESS: 11/18 SCHONLATERN GASSE A-1010 CITY-ST-ZIP: VIENNA AUSTRIA,	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Carol Fulton</i>		Date: 2/29/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	