## 2907 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 08:00 AN DOCUMENT # P97000038188 **Secretary of State** 1. Entity Name T. MIMS CORP. Principal Place of Business Mailing Address 100 SOUTH KENTUCKY AVE 100 SOUTH KENTUCKY AVE SUITE 215 SUITE 215 LAKELAND, FL 33801 LAKELAND, FL 33801 02092007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3514698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MIMS, WILLIAM T DO NOT WRITE 100 SOUTH KENTUCKY AVE SUITE 215 LAKELAND, FL 33801 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. Signature, typed or printed name of registered apent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MIMS, WILLIAM T NAME 100 SOUTH KENTUCKY AVE SUITE 215 STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 U00000736210 33717 135/10/07-80067-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP mle NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions configured 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 attachmant with gradess, with all other five empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

William T. Mims, President 04-19-2007 (863) 683-92

FILED