

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108977

FILED
Apr 27, 2006
Secretary of State

Entity Name: MYTHICAL REFLECTIONS, INC.

Current Principal Place of Business:

340 NORTH HWY 17/92
LONGWOOD, FL 32750

New Principal Place of Business:

1495 SEMINOLA BLVD, SUITE 1003
CASSELBERRY, FL 32707

Current Mailing Address:

340 NORTH HWY 17/92
LONGWOOD, FL 32750

New Mailing Address:

1495 SEMINOLA BLVD, SUITE 1003
CASSELBERRY, FL 32707

FEI Number: 59-3486660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, DONALD R
340 NORTH HWY 17/92
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

FULLER, DONALD R
1495 SEMINOLA BLVD, SUITE 1003
CASSELBERRY, FL 32707 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: _____

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULLER, DONALD R
Address: 340 NORTH HWY 17/92
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: FULLER, JENNIFER L
Address: 340 NORTH HWY 17/92
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: FULLER, CHRISTINE A
Address: 340 NORTH HWY 17/92
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FULLER, DONALD R
Address: 1495 SEMINOLA BLVD, SUITE 1003
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: FULLER, JENNIFER L
Address: 1495 SEMINOLA BLVD, SUITE 1003
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: FULLER, CHRISTINE A
Address: 1495 SEMINOLA BLVD, SUITE 1003
City-St-Zip: CASSELBERRY, FL 32707

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: DONALD R. FULLER

PRES

04/27/2006

Electronic Signature of Signing Officer or Director

Date