


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90020 022 \*\*\*150.00

<b>DOCUMENT # P98000042238</b> 1. Entity Name <b>MIRROR MAN INC.</b>					
Principal Place of Business <b>5332 SHORE DR. ST. AUGUSTINE, FL</b>			Mailing Address <b>5332 SHORE DR. ST. AUGUSTINE, FL</b>		
2. Principal Place of Business - No P.O. Box # <b>39 Masters Dr.</b>		3. Mailing Address <b>39 Masters Dr.</b>			
Suite, Apt. #, etc. <b>Unit 2</b>		Suite, Apt. #, etc. <b>Unit 2</b>			
City & State 		City & State 			
Zip <b>32084</b>		Country 		Zip <b>32084</b>	
Country 		Country 			
<b>6. Name and Address of Current Registered Agent</b> <b>O'CONNELL, W. H. CPA</b> <b>2200 N. PONCE DE LEON BLVD. 10</b> <b>SAINT AUGUSTINE, FL 32084</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>WERKHEISER, ROBERT A</b> <b>5332 SHORE DR</b> <b>ST AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>133 Fonseca Dr.</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SALOM, GENE</b> <b>529 DOMENICO CIR</b> <b>ST AUGUSTINE, FL 32086</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/23/07</b> <span style="float: right;">Daytime Phone #</span>		