2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT # P98000054038** 1. Entity Name MICA BY MYERS, INC. Principal Place of Business Mailing Address 1145 WITHLACOUCHEE ST. 991 WITHLACODCHEE STREET SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 03142006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3517539 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MYERS, SCOT W DO NOT WRITE 1145 WITHLACOOCHEE STREET SAFETY HARBOR, FL 34695 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MYERS, SCOT W NAME STREET ADDRESS 1145 WITHLACOOCHEE STREET SAFETY HARBOR, FL 34695 CITY-ST-7P TITLE U00000470728 03/28/86-80025-014 150.00 MYERS, LISA M MALLE STREET ADDRESS 1145 WITHLACOOCHEE STREET SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE MALLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C114-51-21P

12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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: C

RITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED