


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90275 020 \*\*\*150.00

<b>DOCUMENT # P98000056210</b>	
1. Entity Name <b>MITOP, INC.</b>	

Principal Place of Business <b>1639 E CAPE CORAL PKWY STE 104 CAPE CORAL, FL 33904</b>	Mailing Address <b>1639 E CAPE CORAL PKWY STE 104 CAPE CORAL, FL 33904</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0849893</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>MILBERG, SVEN 6987 HIGHLAND PARK CIR FORT MYERS, FL 33912</b>	
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7. Name and Address of New Registered Agent	
Name <b>MILBERG, SVEN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16704 CROWNSBURY WAY</b>	
City <b>FORT MYERS</b>	FL Zip Code <b>33908</b>

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: *Sven Milberg* **SVEN MILBERG (PRESIDENT)** 04-11-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>MILBERG, SVEN</b> <input type="checkbox"/> Delete <b>6987 HIGHLAND PARK CIR FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16704 CROWNSBURY WAY FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <b>MILBERG, KERSTIN</b> <input type="checkbox"/> Delete <b>6987 HIGHLAND PARK CIR FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16704 CROWNSBURY WAY FORT MYERS, FL 33908</b>
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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
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

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.

SIGNATURE: *Sven Milberg* **SVEN MILBERG** 04-11-2006 (239) 541-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #