

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000058017

1. Entity Name
MYTHICAL METALS, INC.



Principal Place of Business
1000 UNIVERSAL STUDIOS PLAZA
UJOA
ORLANDO, FL 32819

Mailing Address
POST OFFICE BOX 401
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3528886

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEINEN, HANS
9645 WESTOVER ROBERTS RD
P.O. BOX 401
WINDERMERE, FL 34786

**DO NOT WRITE
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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HEINEN, RICHARD M
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO, FL 32819

TITLE VSTD
NAME HEINEN, BARBARA V
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO, FL 32819

TITLE P
NAME HEINEN, HANS
STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000651891
03/09/07-80026-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hans Heinen

Date

3/28/07

Daytime Phone #

407-886-7093

FILED
Pd. March 01, 2007 08:00 A
Secretary of State
2/28/07 \$150.00