## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2006–08:00 AM Secretary of State DOCUMENT # P98000102184 1. Entity Name MICHWILL, INC. Principal Place of Business Mailing Address 5107 27TH AVE S 5107 27TH AVE S GULFPORT, FL 33707 GULFPORT, FL 33707 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, WILLIAM F DO NOT WRITE 5107 27TH AVE S GULFPORT, FL 33707 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. Lam 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS TITLE KING, WILLIAM F NAME STREET ADDRESS 5107 27TH AVE S CITY-ST-7IP GULFPORT, FL. 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP 01/18/06-80010-023 150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-7tP NAME STREET ADDRESS CITY-ST-2TP

12. I hereby certify that the information supplied with this filling 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.

WILLIAM F. KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR