## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063972

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Entity Name: MINDCOMET CORPORATION						
Current Principal Place of Business:				New Principal Place of Business:		
2701 MAITLAND CENTER PARKWAY SUITE 125 MAITLAND, FL 32751						
Current Mailing Address:				New Mailing Address:		
2701 MAITLAND CENTER PARKWAY SUITE 125 MAITLAND, FL 32751						
FEI Number:	59-3588957	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MURPHY, EDWARD H 2701 MAITLAND CENTER PARKWAY SUITE 125 MAITLAND, FL 32751 US				FLOWERS, DALE A 2701 MAITLAND CENTER PARKWAY SUITE 125 MAITLAND, FL 32751 US		
The above in the State	named entity s of Florida.	submits this statement for the pu	irpose of	f changing it	ts registered	office or registered agent, or both,
SIGNATURE: DALE A FLOWERS				04/26/2007		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MURPHY, EDW	CENTER PARKWAY SUITE 125		Title: Name: Address: City-St-Zip:	(	()Change ()Addition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	LEWIS, PAUI	ND CENTER PARKWAY SUITE 125
Title: Name: Address:	( )	Delete		Title: Name: Address:	TURNER, MA	( ) Change (X) Addition RCELLE ND CENTER PARKWAY SUITE 125

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MAITLAND, FL 32751

SIGNATURE: DALE A FLOWERS CFO 04/26/2007