

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000074536**



**1. Name**  
**MI** **ICAL INNOVATIONS, INC.,**

**2. Place of Business**  
**61** **LAKE FRONT DR.**  
**FT** **FTS, FL 33908**

**Mailing Address**  
**6158 LAKE FRONT DR.**  
**FT. MYERS, FL 33908**



**01142006 No Chg-P CR2E034 (11/05)**

**4. FEI Number**  
**65-0944243**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**S** **IVAN, DAGMAR**  
**6** **LAKE FRONT DR.**  
**F** **MYERS, FL 33908**

**DO NOT WRITE**  
**IN THIS SPACE**

**8. 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**  
**obligations of registered agent.**

**S** **TURE**

**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**  
**For May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**



**\$5.00 May Be**  
**Added to Fees**

**1110000397475**  
**01/30/06-80851-017 150.00**

**OFFICERS AND DIRECTORS**

**1** **OP**  
**2** **SULLIVAN, DAGMAR**  
**3** **6158 LAKE FRONT DRIVE**  
**4** **FORT MYERS, FL 33908**

**DO NOT WRITE**  
**IN THIS SPACE**

**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**  
**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**

**1/17/06 237-218-7337**  
**Date Daytime Phone #**