2006 FOR PROFIT CORPORATION

Mar 09, 2006 08:00 AM * * *ANNUAL REPORT **Secretary of State DOCUMENT # P99000102060** 1. Entity Name MISTY MAC INC. Principal Place of Business Mailing Address **8321 EAGLE LAKE DRIVE** 8321 EAGLE LAKE DRIVE SARASOTA, FL 34241 SARASOTA, FL 34241 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0963901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DAVIES, ROBERT J DO NOT WRITE 8321 EAGLE LAKE DRIVE SARASOTA, FL 34241 IN THIS SPACE 5. 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. Sonsture, typed or printed name of registered apent and trie if applicable. (NOTE: Repistered Agent programme recovered when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 717).E DAVIES, JOAN F STREET ADDRESS 8321 EAGLE LAKE DRIVE CITY-ST-7P SARASOTA, FL 34241 UNN000461203 NAME 03/20/06-80040-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 7)7LE MAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: 1

NAME STREET ADDRESS City-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED