

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S14157

FILED
Mar 23, 2006
Secretary of State

Entity Name: MIKE AND DOODLES, INC.

Current Principal Place of Business:

1523 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1523 PENMAN ROAD
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3037555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CINOTTI, MICHAEL J.
12845 DAY BREAK CT W
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

CINOTTI, MICHAEL J.
1034 MARVONE LN
NEPTUNE BEACH, FL 32266 US

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.

SIGNATURE: MICHAEL J CINOTTI

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CINOTTI, MICHAEL J.,
Address: 12845 DAYBREAK CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST () Delete
Name: CINOTTI, MIRIAM T.,
Address: 12845 DAYBREAK CT
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: VINING, MICHELLE
Address: 8023 TIMBER MILL RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: FOLETTE, MELISSA
Address: 9740 MACARTHUR CT S
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: DEIGHAN, JOEY
Address: 1438 CLASSIC OAK RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CINOTTI, MICHAEL J.,
Address: 1034 MARVONE LN
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: ST (X) Change () Addition
Name: CINOTTI, MIRIAM T.,
Address: 1034 MARVONE LN
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FOLETTE, MELISSA
Address: 4235 MARSHLANDING BLVD #517
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MIRIAM T CINOTTI

ST

03/23/2006

Electronic Signature of Signing Officer or Director

Date