


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # S20244 1. Entity Name MINDOT, INC.	
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Principal Place of Business 5275 BABCOCK ST. NE #5 PALM BAY, FL 32905	Mailing Address 5275 BABCOCK ST. NE #5 PALM BAY, FL 32905
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3055224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINTON, WILLIAM D.
5275 BABCOCK ST NE
PALM BAY, FL 32905

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: William D Minton DATE: 2/12/08

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MINTON, WILLIAM D. 5275 BABCOCK ST. NE #5 PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST MINTON, DOROTHY A. 351 CHARLOTTA AVE. S.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MINTON, WILLIAM D JR 899 FAIRHAVEN ST N.E. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000830191
02/26/08-80073-017 61.25

U00000830191
02/26/08-80073-017 150.00

12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D Minton DATE: 2/12/08 DAYTIME PHONE: (321) 951-7880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR