


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90165 030 \*\*\*158.75

<b>DOCUMENT # S32325</b> 1. Entity Name <b>MID WORLD ENTERPRISES, INC.</b>	
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Principal Place of Business <b>14735 GAINESBOROUGH CT ORLANDO, FL 32826 US</b>	Mailing Address <b>14735 GAINESBOROUGH CT ORLANDO, FL 32826 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>1854 Osprey Bluff Blvd. Orange Park FL 32003</b>	3. Mailing Address Suite, Apt. #, etc. <b>1854 Osprey Bluff Blvd. Orange Park FL 32003</b>
Zip <b>32003</b>	Country <b>US</b>



04252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3064214</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>COX, CHRISTOPHER J. 14735 GAINESBOROUGH COURT ORLANDO, FL 32826</b>		7. Name and Address of New Registered Agent Name Street <b>1854 Osprey Bluff Blvd. Orange Park FL 32003</b> City <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS COX, CHRISTOPHER J 14735 GAINESBOROUGH CT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1854 Osprey Bluff Blvd. Orange Park FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COX, BARBARA A. 14735 GAINESBOROUGH CT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1854 Osprey Bluff Blvd. Orange Park FL 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V YUKPAEN, NAPAPORN 22301 SW 66TH AVE APT#2205 BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9121 SW 20th ST Apt # C Boca Raton FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **APRIL 28 2006** **904-269-9191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #