


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # S32325 1. Entity Name MID WORLD ENTERPRISES, INC.	
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Principal Place of Business 1854 OSPREY BLUFF BLVD ORANGE PARK, FL 32003 US	Mailing Address 1854 OSPREY BLUFF BLVD ORANGE PARK, FL 32003 US
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DO NOT WRITE IN THIS SPACE

04222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3064214	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, CHRISTOPHER J.
1854 OSPREY BLUFF BLVD
ORANGE PARK, FL 32003

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

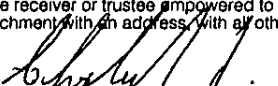
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000729924 05/08/07-80059-011 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS COX, CHRISTOPHER J 1854 OSPREY BLUFF BLVD ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COX, BARBARA A. 1854 OSPREY BLUFF BLVD ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YUKPAEN, NAPAPORN 9121 SW 20TH ST BOCA RATON, FL 33428
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

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:  **CHRISTOPHER J. COX** **APRIL 24-07** **904-289-9191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #