


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # V21915 1. Entity Name MIRAGE EAST, INC.	
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Principal Place of Business 1226 FLYING BRIDGE LANE OSPREY, FL 34229 US	Mailing Address 1226 FLYING BRIDGE LANE OSPREY, FL 34229 US
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01212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312381	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 MORRISON, ROBERT G 1226 FLYING BRIDGE LANE OSPREY, FL 34229
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**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: *Robert G. Morrison Pres.* 2/16/07
Signature of person changing name of registered office and use if applicable (NOTE: Registered Agent signature required when revalidating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRISON, ROBERT G 1226 FLYING BRIDGE LN OSPREY, FL 34229
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**DO NOT WRITE
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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: *Robert G. Morrison Pres.* 2/16/07 410-279-2934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ROBERT G. MORRISON