2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007581

7 N. MAIN STREET #114

MOUNT CLEMENS, MI 48043

Address: City-St-Zip:

Entity Name: MIRAGE CONSULTING, INC. OF TX

FILED May 08, 2007 Secretary of State

Littly Nai	ile. WIIRAGI	L CONSOLTING, INC.	OFTA					
Current Principal Place of Business:				New Principal Place of Business:				
	H COURT , TX 75019							
Current Mailing Address:				New Maili	ng Addres	s:		
7 N. MAIN STREET SUITE 114 MOUNT CLEMENS, MI 48043				48621 HAYES ROAD SHELBY TOWNSHIP, MI 48315				
FEI Number:	20-5884331	FEI Number Applied F	for () FEI Nui	mber Not Appl	icable ()	Certifica	ate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
10972 PINI DAVIE, FL			t for the purpose o	of changing i	te registere	d office or r	enistered an	gent or both
	of Florida.	, subillits tills statemen	tioi tile puipose t	or changing i	is registere	a onice or r	egistered ag	jent, or both,
SIGNATUR								
	Electro	onic Signature of Regis	tered Agent				Date	
		l93(2)(b), F.S., the corpora ng Trust Fund Contributio		the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D (SILAMIANOS 10972 PINE L DAVIE, FL 33	ODGE TRAIL		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D (CURTIS, GUY 155 SHILOH (COPPELL, T)	COURT		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name:	PVST (FALZONE, GI) Delete EORGIA		Title: Name:	PVST FALZONE,	(X) Change GEORGIA	() Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

48621 HAYES ROAD

SHELBY TOWNSHIP, MI 48315

SIGNATURE: MARIA SILAMIANOS DIR 05/08/2007