



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 190741	
1. Entity Name MOUW ASSOCIATES, INC.	

Principal Place of Business 409 NE 3RD STREET DELRAY BEACH, FL 33483 US	Mailing Address 409 NE 3RD STREET DELRAY BEACH, FL 33483 US
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DO NOT WRITE IN THIS SPACE

	
02152007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-0761310	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

MOUW, ARMAND
 409 NE 3RD STREET
 DELRAY BEACH, FL 33483

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 _____ DATE _____
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, 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	ST ARNOLD B. SMITH 409 NE 3RD ST. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB MOUW, ARMAND 409 NE 3RD ST DELRAY BCH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOUW, RICHARD 409 NE 3RD STREET DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ARNOLD 409 NE 3RD STREET DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000647236
 03/06/07-80064-009 158.75

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:  Armand Mouw 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-276-9640
Date Daytime Phone #