


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90213 011 \*\*\*\*70.00

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N93000004720</b> 1. Entity Name <b>M.U.G., INC.</b>	
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Principal Place of Business <b>3220 VAIL VIEW DRIVE          PORT ORANGE, FL 32128</b>	Mailing Address <b>3220 VAIL VIEW DRIVE          PORT ORANGE, FL 32128</b>
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14006290



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04182005 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number <b>59-3205967</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>BROWN, JONI          3220 VAIL VIEW DRIVE          DAYTONA BEACH, FL 32128</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD BROWN, JONI 3220 VAIL VIEW DR DAYTONA BCH, FL	TITLE	T Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VS LATZKO, ANDREA 6226 CRAFTON STREET PHILADELPHIA, PA 19149	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	P JOHNSON, EDWARD 7650 RAGLAN DR NE WARRAN, OH	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	CD CIPRIANO, JOSEPH 17651 SW 8TH STREET PEMBROKE PINES, FL 33029	TITLE	D Jim BILIVAN 6860 KING PIKE W. JEFFERSON, OH 43162 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MEYER, GREG 3800 VICTORY PKWY CINCINNATI, OH 45207	TITLE	D,C Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S OWENS, BUDDY 120 BEECHWOOD HILLS DRIVE RALEIGH, NC 27603	TITLE	D PETER AVILES 4157 20th STREET SAN FRANCISCO, CA 94114 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Joni Brown **JONI BROWN** 04/25/05 386-226-6507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #