


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000010841
 1. Entity Name
MO'S SWEATSHOP INC.



Principal Place of Business Mailing Address
6548 SE FEDERAL HWY **6548 SE FEDERAL HWY**
STUART, FL 34997 US **STUART, FL 34997 US**

DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (1/05)

4. FEI Number Applied For
65-0391674 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEBOEUF-BISHOP, MONIQUE
8240 SWEETBAY DR.
HOBE SOUND, FL 33455

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1000000470391
 03/28/06-80012-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LEBOEUF-BISHOP, MONIQUE
STREET ADDRESS	8240 SWEETBAY DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VS
NAME	BISHOP, DONALD
STREET ADDRESS	8240 SWEETBAY DR.
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Monica Bishop 3/13/06 772 2 83 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #