

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68460

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** MUD WEASEL PRODUCTS, INC.

**Current Principal Place of Business:**

1945 17 ST.  
SARASOTA, FL 34234

**New Principal Place of Business:**

818 OAK VISTA DRIVE  
SARASOTA, FL 34232

**Current Mailing Address:**

1945 17 ST.  
SARASOTA, FL 34234

**New Mailing Address:**

818 OAK VISTA DRIVE  
SARASOTA, FL 34232

FEI Number: 65-0362896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, T. J.  
1945 17 STREET  
SARASOTA, FL 34234 US

**Name and Address of New Registered Agent:**

RICHARDSON, T. J.  
818 OAK VISTA DRIVE  
SARASOTA, FL 34232 US

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.

SIGNATURE: T.J. RICHARDSON

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: RICHARDSON, T.J.,  
Address: 1945 17 STREET  
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete  
Name: RICHARDSON, T.J.,  
Address: 1945 17 STREET  
City-St-Zip: SARASOTA, FL 34234

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: RICHARDSON, T.J.,  
Address: 818 OAK VISTA DRIVE  
City-St-Zip: SARASOTA, FL 34232

Title: T (X) Change ( ) Addition  
Name: RICHARDSON, T.J.,  
Address: 818 OAK VISTA DRIVE  
City-St-Zip: SARASOTA, FL 34232

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

SIGNATURE: T.J. RICHARDSON

DPS

04/18/2007

Electronic Signature of Signing Officer or Director

Date