

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J77940

**Entity Name:** MOUTHPIECE, INC.

**Current Principal Place of Business:**

145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164

**Current Mailing Address:**

145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164

**FEI Number:** 59-2811471

**Certificate of Status Desired:** No

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

CHIUMENTO SELIS DWYER, PL  
145 CITY PLACE  
SUITE 301  
PALM COAST, FL 32164 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CHIUMENTO, MICHAEL D  
Address 145 CITY PLACE, SUITE 301  
City-State-Zip: PALM COAST FL 32164

Title STD  
Name CHIUMENTO, KRISTI A  
Address 145 CITY PLACE, SUITE 301  
City-State-Zip: PALM COAST FL 32164

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL D. CHIUMENTO

**PRESIDENT**

**02/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date