## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F15401

Title:

Name:

Address:

City-St-Zip:

FILED Apr 09, 2007 Secretary of State

Entity Nan	ne: MAMA I	ROSA'S ENTERPRISES, I	NC.				
Current Principal Place of Business:				New Principal Place of Business:			
SUITE#2	S CLARK CII						
DOTHAN, A	AL 36301	US					
Current Mailing Address:				New Mailing Address:			
3074 N RODOTHAN,	SS CLARK ( AL 36301	CIRCLE US					
FEI Number:	59-2067953	FEI Number Applied For	( ) FEI Nui	mber Not Appl	icable ( )	Certificate of Status Desi	red ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LEWIS, BIL 4430 AMBE NICEVILLE	ER LAKE CO	DVE US					
The above in the State		y submits this statement fo	r the purpose o	of changing i	ts registered o	ffice or registered agen	t, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Cam	npaign Financi	ing Trust Fund Contribution (	).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ( LEWIS, MICH 483 WOODH HEADLAND, A	AM RD		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LEWIS, A. KA	R LAKE COVE		Title: Name: Address: City-St-Zip:	SD (X) LEWIS, A. KATI 4430 AMBER L NICEVILLE, FL	AKE COVE	
Title: Name: Address: City-St-Zip:	T ( BRUNER, PA 107 AUTUMN DOTHAN, AL	I RIDGE, # 2		Title: Name: Address: City-St-Zip:	T (X) LEWIS, PAM 483 WOODHAM HEADLAND, AL		

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.

Title:

Name:

Address:

City-St-Zip:

VD

LEWIS, BILLY

4430 AMBER LAKE COVE

NICEVILLE, FL 32578

(X) Change ( ) Addition

SIGNATURE: BILLY R LEWIS VD 04/09/2007

() Delete

4430 AMBER LAKE COVE

LEWIS, BILLY

NICEVILLE, FL