


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H43060</b> 1. Entity Name MOUETTE, INC.	
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Principal Place of Business 225 S. DIXIE FRWY NEW SMYRNA BEACH, FL 32168 US	Mailing Address 1910 STATE RD 44 NEW SMYRNA BEACH, FL 32168 US
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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2539122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FOLEY, DAVID M 103 VIA DUOMO NEW SMYRNA BEACH, FL 32169
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000698253 04/18/07-80072-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLEY, DAVID M. 103 VIA DUOMO NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FOLEY, PATRICIA K. 103 VIA DUOMO NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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.

<b>SIGNATURE:</b> <i>David M. Foley</i> <i>Patricia K. Foley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-2-7 <small>Date</small>	386-488-6079 <small>Daytime Phone #</small>
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