2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# H43060

Entity Name: MOUETTE, INC.

Current Principal Place of Business:

225 S. DIXIE FRWY
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1910 STATE RD 44
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

225 S. DIXIE FRWY
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-2539122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOLEY, DAVID M
103 VIA BUOMO
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

FOLEY, DAVID M
103 VIA DUOMO
NEW SMYRNA BEACH, FL 32169 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: _____ 02/09/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOLEY, DAVID M.,
Address: 103 VIA DUOMO
City-St-Zip: NEW SMYRNA BEACH, FL

Title: STD ( ) Delete
Name: FOLEY, PATRICIA K.,
Address: 103 VIA DUOMO
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FOLEY, DAVID M.,
Address: 103 VIA DUOMO
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: STD (X) Change ( ) Addition
Name: FOLEY, PATRICIA K.,
Address: 103 VIA DUOMO
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M. FOLEY PD 02/09/2009
Electronic Signature of Signing Officer or Director — Date