


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J77940 1. Entity Name MOUTHPIECE, INC.	
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Principal Place of Business 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137-8226	Mailing Address 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137-8226
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2811471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D. 4 OLD KINGS ROAD, NORTH SUITE #B PALM COAST, FL 32137

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

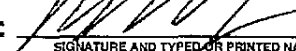
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHIUMENTO, MICHAEL D. 4 OLD KINGS ROAD NORTH STE B PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHIUMENTO, KRISTI A 4B OLD KINGS ROAD NORTH PALM COAST, FL 32137
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01/13/04-80039-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **Michael D. Chiumento, Pres. 1/8/04 386-445-8900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #