

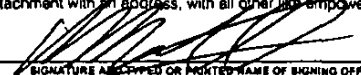


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J77940 1. Entity Name MOUTHPIECE, INC.				FILED 07 FEB -8 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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		01/16/07 90262 026 \$150.00 	
DO NOT WRITE IN THIS SPACE				01032007 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2811471 Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIUMENTO & ASSOCIATES, P.A. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
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				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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.					
SIGNATURE: 		01/08/07		386-445-8900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Michael D. Chiumento, President					