2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

DOCUMENT # N0000007904 1. Entity Name MARY'S ROOM INTERNATIONAL, INC.						04-28-	2004 90193	026 ****	*61.25	
Principal Place of Business Mailing Address							940703	174		
			840 GEORGE BUSH BOULEVARD Building D							
	CH, FL 33483	DELRAY BEACH, FL 334	83					17 19 19 19 19 19		
Principal Place of Business 3.		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-NP	CR2E03	37 (10/03)		
City & State		City & State			4. FEI Numbe 65-1059				plied For t Applicable	
Zip —	Country	Zip	Country		5. Certificate	of Status Desir	ed 🔲	\$8.75 Add Fee Required		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of No	w Registered	Agent		
J. PATRICK FITZGERALD, ESQ.			Name	Name ·						
110 MERR SUITE 3-B	RICK WAY		Street Address ((P.O. Box Number is Not Acceptable)				
	ABLES, FL 33134									
							FL	Zip Code	е	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registere	d agent, or boti	n, in the State	of Florida. I am	familiar with,	and accept	
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	'									
SIGNATURE .	Signature in and or printed name of registerect agent a	nd title if anoticable (NOTF:	Registered Agent signet	ure requirect	when reinstating)	·	DATE			
			Registered Agent signet	···········		1	DATE			
**	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	•	Make checi Florida Depar			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

SACHATURE AND TYPED OR PRINTED RATES OF SIGNING OFFICER OR DERECTOR

126/04 56/-276-6892