

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006235

FILED
Apr 29, 2005
Secretary of State

Entity Name: CAFE MUSE & STUDIOS, INC.

Current Principal Place of Business:

1717 EVERGREEN AVENUE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

10275 ST. AUGUSTINE ROAD #404
JACKSONVILLE, FL 32257

New Mailing Address:

PO BOX 24668
JACKSONVILLE, FL 32241

FEI Number: 83-0372509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, EDWARD
1717 EVERGREEN AVENUE
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

GREEN, KEVIN
PO BOX 24668
JACKSONVILLE, FL 32241 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: KEVIN GREEM

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POWERS, EDWARD
Address: 1717 EVERGREEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: VON BLOHN, DENISE
Address: 1717 EVERGREEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: POWERS, CHARLES
Address: 1717 EVERGREEN AVENUE
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD POWERS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date