## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011947

Entity Name: MUSHY MATES CORPORATION

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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308 SIR PHILLIPS DR 9622 WEST MCNAB ROAD DAVENPORT, FL 33837 TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

308 SIR PHILLIPS DR 9622 WEST MCNAB ROAD DAVENPORT, FL 33837 TAMARAC, FL 33321

FEI Number: 01-0826389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PITA, KRISTEN
308 SIR PHILLIPS DR
DAVENPORT, FL 33837 US
PITA, KRISTEN
9622 WEST MCNAB ROAD
TAMARAC, FL 33321 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: 04/25/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition ame: PITA\_KRISTEN Name: PITA\_KRISTEN

 Name:
 PITA, KRISTEN
 Name:
 PITA, KRISTEN

 Address:
 308 SIR PHILLIPS DR
 Address:
 9622 WEST MCNAB ROAD

 City-St-Zip:
 DAVENPORT, FL 33837
 City-St-Zip:
 TAMARAC, FL 33321

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: PITA JR, BERNARD A Name: PITA JR, BERNARD A

Address: 308 SIR PHILLIPS DR Address: 9622 WEST MCNAB ROAD City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOLL, OLGA
 Name:

 Address:
 9622 WEST MCNAB RD
 Address:

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN PITA PD 04/25/2007