

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N04000011947

Entity Name: MUSHY MATES CORPORATION

**Current Principal Place of Business:**

9622 WEST MCNAB ROAD  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

9622 WEST MCNAB ROAD  
TAMARAC, FL 33321

**New Mailing Address:**

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

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

PITA, KRISTEN  
9622 WEST MCNAB ROAD  
TAMARAC, FL 33321    US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PITA, KRISTEN  
Address: 9622 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: PITA JR, BERNARD A  
Address: 9622 WEST MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MOLL, OLGA  
Address: 9622 WEST MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MOLL-SIMPSON, OLGA  
Address: 9622 WEST MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

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

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date