

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001898

Entity Name: MOCHA MOMS INC.

FILED
Jan 03, 2006
Secretary of State

Current Principal Place of Business:

114 BESSEMER CIRCLE
BRANDON, FL 33511

New Principal Place of Business:

114 BESSEMER CIRCLE
BRANDON, FL 33511 US

Current Mailing Address:

114 BESSEMER CIRCLE
BRANDON, FL 33511

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, SYLVIA
3513 KNOLLWOOD STREET
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

HAMMOND, STACIA C
114 BESSEMER CIRCLE
BRANDON, FL 33511 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: STACIA C. HAMMOND

01/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HAMMOND, STACIA C
Address: 114 BESSEMER CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: TRES () Delete
Name: SHIPMAN, SHEILA R
Address: 1536 CAMPHOR COVE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN, YOLANDA
Address: 8577 CARELY SOUND CIRCLE
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Change () Addition
Name: MORRIS-GORDON, DELICIA
Address: 29242 BIRDSEYE DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: TRES () Change (X) Addition
Name: BENJAMIN, DETRA
Address: 814 RIDGE HAVEN DRIVE
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the 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: STACIA C. HAMMOND

SCF

01/03/2006

Electronic Signature of Signing Officer or Director

Date