

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012835

FILED
Apr 16, 2007
Secretary of State

Entity Name: MOTHERS AGAINST BULLIES, INC.

Current Principal Place of Business:

21362 SW 112 AVE, BUILDING 4 #108
MIAMI, FL 33189

New Principal Place of Business:

Current Mailing Address:

21362 SW 112 AVE, BUILDING 4 #108
MIAMI, FL 33189

New Mailing Address:

FEI Number: 51-0622425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, RENEE
21362 SW 112 AVE, BUILDING 4 #108
MIAMI, FL 33189 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: D () Delete
Name: DUMAS, DREW
Address: 10498 SW 177 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: CRUSE, TATIANA
Address: 10498 SW 177 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: TEAGUE, PAULETTA
Address: 10744 SW 225 ST
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: WRIGHT, LAWANZA
Address: 29520 SW 155 AVE
City-St-Zip: MIAMI, FL 33033

Title: D () Delete
Name: DONOVAN, DOREEN
Address: 30055 SW 158 CT
City-St-Zip: HOMESTEAD, FL 33033

Title: CEO () Delete
Name: MILLER, RENEE
Address: 21362 SW 112 AVE, BUILDING 4 #108
City-St-Zip: MIAMI, FL 33189

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:

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 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: RENEE MILLER

CEO

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date