


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90183 024 \*\*\*\*61.25

<b>DOCUMENT # N39084</b> 1. Entity Name MISTY MORNING, INC.	
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Principal Place of Business 10033 MLK STREET NORTH STE 102 SAINT PETERSBURG, FL 33716 US	Mailing Address 10033 MLK STREET NORTH STE 102 SAINT PETERSBURG, FL 33716 US
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**50044870**



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3020923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

BRADLEY, P.J.  
10033 MLK ST N  
STE 102  
SAINT PETERSBURG, FL 33716

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, P.J. 10033 MLK ST. N. SUITE 102 SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOI, JULIA H. 113 S MCDILL AVE STE B TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONG, KEUM S 13904 LAKESHORE BLVD HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHO, JAI H 13701 BRUCE B DOWNS BLVD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONG, MICHAEL 1152 CT ST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, IKKON 15020 ROCKY LEDGE TAMPA, FL

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **01/05/05** **727-578-6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #