


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90086 003 \*\*\*150.00

<b>DOCUMENT # P01000009828</b>	
1. Entity Name <b>MYTHLANDIA, INC.</b>	

Principal Place of Business <b>918 SPRING PARK LOOP CELEBRATION, FL 34747 US</b>	Mailing Address <b>918 SPRING PARK LOOP CELEBRATION, FL 34747 US</b>
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**34002143**

2. Principal Place of Business <b>501 MIRASOL CIRCLE</b>	3. Mailing Address <b>501 MIRASOL CIRCLE</b>
Suite, Apt. #, etc. <b># 110</b>	Suite, Apt. #, etc. <b># 110</b>
City & State <b>CELEBRATION, FL</b>	City & State <b>CELEBRATION, FL</b>
Zip <b>34747</b>	Country <b>USA</b>



01202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3693702</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WIGGLESWORTH, PHIL J 918 SPRING PARK LOOP CELEBRATION, FL 34747</b>	7. Name and Address of New Registered Agent Name <b>PHIL J. WIGGLESWORTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 MIRASOL CIRCLE, #110</b> City <b>CELEBRATION</b> FL Zip Code <b>34747</b>
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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 **PHIL J. WIGGLESWORTH, PRESIDENT** DATE **1/27/04**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR WIGGLESWORTH, PHIL J 918 SPRING PARK LOOP CELEBRATION, FL 34747</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D PHIL J. WIGGLESWORTH 501 MIRASOL CIRCLE, #110 CELEBRATION, FL 34747</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **PHIL J. WIGGLESWORTH, PRESIDENT** DATE **1/27/04** DAYTIME PHONE # **321-939-1270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR