


FILED
Apr 19, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000033186 1. Entity Name MYSTICAL VENTURES, INC.	
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Principal Place of Business 703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149	Mailing Address 703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-1099999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NUILA, PATRICIA 703 CRANDON BLVD SUITE 503 KEY BISCAYNE, FL 33149	<p style="font-size: 1.5em;">DO NOT WRITE IN THIS SPACE</p>
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7. 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 reappointing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000315514 04/19/05-80072-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PSYD
NAME	NUILA, PATRICIA
STREET ADDRESS	703 CRANDON BLVD SUITE 503
CITY - ST - ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 507, 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: Patricia Nuila (president) April 6, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #