2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P02000015788

Entity Name: MOM & POPS, INC.

Current Principal Place of Business:

6939 DAWNTREE CT.
LAKE WORTH, FL 33467

New Principal Place of Business:

1801 PALM BEACH LAKES BLVD
WEST PALM BEACH, FL 33401

Current Mailing Address:

6939 DAWNTREE CT.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 02-0549802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHENKMAN, KENNETH D
6939 DAWNTREE CT.
LAKE WORTH, FL 33467 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHENKMAN, KENNETH D
Address: 6939 DAWNTREE CT.
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: SHENKMAN, BRIAN L
Address: 6939 DAWNTREE CT.
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: SHENKMAN, CAROLE
Address: 6939 DAWNTREE CT.
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: SHENKMAN, HOWARD
Address: 6939 DAWNTREE CT.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHENKMAN, BRIAN L
Address: 6921 69TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change ( ) Addition
Name: SHENKMAN, CAROLE
Address: 10550 PEBBLE COVE LANE
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Change ( ) Addition
Name: SHENKMAN, HOWARD
Address: 10550 PEBBLE COVE LANE
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE SHENKMAN D 04/28/2005

Electronic Signature of Signing Officer or Director — Date