


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90003 047 ***158.75

DOCUMENT # P02000041677 1. Entity Name MESSAGE IN MOTION, INC.					
Principal Place of Business 10018 SOUTH FEDERAL HIGHWAY PORT SAINT LUCIE, FL 34952			Mailing Address 4637 S.W. INAGUA ST. PORT ST. LUCIE, FL 34953		
2. Principal Place of Business 3824 ST MARKS Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 2266 Suite, Apt. #, etc.			
City & State FT. Pierce, FL		City & State Palm City, FL		4. FEI Number 71-0877977	
Zip 34982		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEDY, T. MARIE 4637 SOUTHWEST INAGUA ST. PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name T. Marie Kennedy Street Address (P.O. Box Number is Not Acceptable) 3824 ST MARK Rd City FT. Pierce, FL Zip Code 34982			
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 T. Marie Kennedy DATE 3/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KENNEDY, TIMARIE <input checked="" type="checkbox"/> Delete 4150 SW 36 ST HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner T. Marie Kennedy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3824 ST. MARKS Rd FT. Pierce, FL 34982	
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	
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	
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: T. Marie Kennedy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/20/04 Daytime Phone # 772-342-0882		

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03202004 Chg-P CR2E034 (10/03)