2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000107590

1. Entity Name
MYSTICAL MOMENTS, INC.

Principal Place of Business	Mailing Address
20373 N.W. STATE RD. 73	20373 N.W. STATE RD. 73
CLARKSVILLE, FL 32430	CLARKSVILLE, FL 32430

DO NOT WRITE IN THIS SPACE

04292005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
14-1856909		Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUGGS, YOLANDA G
20373 N.W. STATE RD. 73
CLARKSVILLE, FL 32430

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUGGS, YOLANDA G
STREET ADDRESS	20373 N.W. STATE RD. 73
CITY-ST-ZIP	CLARKSVILLE, FL 32430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-60089-011 158.75

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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 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: _Yolanda G. Suggs_   _Yolanda Gail Suggs_   4-28-05   850-674-4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #