

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118170

FILED
Apr 13, 2007
Secretary of State

Entity Name: HUGS AND HISSYFITS, INCORPORATED

Current Principal Place of Business:

184 MIRACLE STRIP PARKWAY SE #2
FT WALTON BCH, FL 32548

New Principal Place of Business:

4335 LEGENDARY DRIVE D114
DESTIN, FL 32541

Current Mailing Address:

184 MIRACLE STRIP PARKWAY SE #2
FT WALTON BCH, FL 32548

New Mailing Address:

4335 LEGENDARY DRIVE D114
DESTIN, FL 32541

FEI Number: 41-2073250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEE, LISA
203 RUE CARIBE
MIRAMAR BEACH, FL 32550 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: MCKEE, LISA R
Address: 203 RUE CARIBE
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: MCKEE, BOBBY T
Address: 203 RUE CARIBE
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LISA MCKEE

PRES

04/13/2007

Electronic Signature of Signing Officer or Director

Date