

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130077

FILED
Mar 14, 2007
Secretary of State

Entity Name: MITZI FIRST IMPRESSIONS INC.

Current Principal Place of Business:

323 W NEW YORK AVE
SUITE B
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

323 W NEW YORK AVE
SUITE B
DELAND, FL 32720 US

New Mailing Address:

FEI Number: 82-0588295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAINE, MITZI
323 W NEW YORK AVE
DELAND, FL 32720 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: CAINE, MITZI
Address: 323 W NEW YORK AVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CAINE, MITZI P D
Address: 323 W NEW YORK AVE
City-St-Zip: DELAND, FL 32720 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: MITZI CAINE,
Address: 323 W NEW YORK AVE
City-St-Zip: DELAND, FL 32720 US

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: MITZI CAINE

D

03/14/2007

Electronic Signature of Signing Officer or Director

Date