

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005856

Entity Name: DILLON MUTO, P.A.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

460 SR 436
104
CASSELBERRY, FL 32707 US

New Principal Place of Business:

4024 DOCTOR LOVE RD
ORLANDO, FL 32810 US

Current Mailing Address:

PO BOX 941552
MAITLAND, FL 32792 US

New Mailing Address:

FEI Number: 65-1168538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUIDICE, JOE CPA
1515 RIDGEWOOD AVE
HOLLY HILL, FL 32117 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MUTO, DILLON
Address: PO BOX 941552
City-St-Zip: MAITLAND, FL 32794 US

Title: T () Delete
Name: MUTO, TAMMY
Address: PO BOX 941552
City-St-Zip: MAITLAND, FL 32794 US

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 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: DILLON MUTO

MGR

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date