

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013058

FILED
May 03, 2005
Secretary of State

Entity Name: MAGIC MOMENTS EVENT PLANNING, INC.

Current Principal Place of Business:

4718 DUNQUIN PLACE
TAMPA, FL 33610

New Principal Place of Business:

19901 TAMIAMI AVE
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 0266
MANGO, FL 33550

New Mailing Address:

P.O. BOX 46821
TAMPA, FL 33647

FEI Number: 38-3672106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ALYTRICE R
4718 DUNQUIN PLACE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

BROWN, ALYTRICE R
19901 TAMIAMI AVE
TAMPA, FL 33647 US

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:

05/03/2005

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: P () Delete
Name: BROWN, ALYTRICE R
Address: 4718 DUNQUIN PLACE
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, ALYTRICE R
Address: 19901 TAMIAMI AVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALYTRICE BROWN

PRES

05/03/2005

Electronic Signature of Signing Officer or Director

Date