

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069670

Entity Name: NEW MOMS @ HOME, INC.

FILED
May 26, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 935004
COCONUT CREEK, FL 33093

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 935004
COCONUT CREEK, FL 33093

New Mailing Address:

FEI Number: 74-3096352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHRIDGE, STACEY
4848 NW 20TH PL
COCONUT CREEK, FL 33063 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: P () Delete
Name: ETHRIDGE, STACEY
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: ETHRIDGE, GREGORY L
Address: 4848 NW 20TH PL
City-St-Zip: COCONUT CREEK, FL 33063

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 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: STACEY ETHRIDGE

P

05/26/2004

Electronic Signature of Signing Officer or Director

Date