

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078915

Entity Name: MAMI OF NE, INC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

11517 JOLIET FALLS LANE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11517 JOLIET FALLS LANE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 81-0625247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MARY E
11517 JOLIET FALLS LANE
JACKSONVILLE, FL 32258 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: KELLY, MARY E
Address: 11517 JOLIET FALLS LN
City-St-Zip: JACKSONVILLE, FL 32258

Title: S/T () Delete
Name: KELLY, K R
Address: 11517 JOLIET FALLS LN
City-St-Zip: JACKSONVILLE, FL 32258

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: MARY E. KELLY

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date