


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90013 026 \*\*\*150.00

<b>DOCUMENT # P03000100344</b> 1. Entity Name <b>MISS MUFFIT ENTERPRISES INC.</b>	
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Principal Place of Business 7116 RAIN FOREST DR BOCA RATON, FL 33434	Mailing Address 7116 RAIN FOREST DR BOCA RATON, FL 33434
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40084275



02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>67-0480267 51-0480267</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GAMM, PAUL ESQ. 7116 RAIN FOREST DR BOCA RATON, FL 33434
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEALON, JENNIFER G 7116 RAIN FOREST DR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMM, PAUL 7116 RAIN FOREST DR BOCA RATON, FL 33434
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul Gamma* 4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #