


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000116894</b> 1. Entity Name <b>MR. HUSTLE, INC.</b>	
---	---

Principal Place of Business <b>4107 SW MOORE STREET PALM CITY, FL 34990</b>	Mailing Address <b>4107 SW MOORE STREET PALM CITY, FL 34990</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0349171</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**CORIGLIANO, WANDA F  
4107 SW MOORE STREET  
PALM CITY, FL 34990**

**DO NOT WRITE  
IN THIS SPACE**

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 After May 1, 2007 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	
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORIGLIANO, WANDA F 4107 SW MOORE STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORIGLIANO, WANDA F 4107 SW MOORES ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CORIGLIANO, WANDA F 4107 SW MOORE ST PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CORIGLIANO, WANDA F 4107 SW MOORE STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CORIGLIANO, WANDA F 4107 SW MOORE STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000706935  
04/24/07-80054-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Wanda Foy Corigliano Wanda Foy Corigliano 4-16-07 772-220-7624  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #