
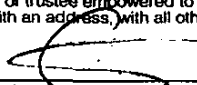


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90136 025 \*\*\*158.75

<b>DOCUMENT # P04000015627</b> 1. Entity Name <b>MY BABYLON, INC.</b>					
Principal Place of Business <b>1315 N.W. 2ND AVE. DELRAY BEACH, FL 33444</b>			Mailing Address <b>1315 N.W. 2ND AVE. DELRAY BEACH, FL 33444</b>		
2. Principal Place of Business <b>1315 NW 2ND AVE</b>			3. Mailing Address <b>1315 NW 2ND AVE</b>		
Suite, Apt. #, etc. <b>0000</b>			Suite, Apt. #, etc. 		
City & State <b>DELRAY BEACH, FL</b>			City & State <b>DELRAY BEACH, FL</b>		
Zip <b>33444</b>			Zip <b>33444</b>		
Country <b>USA</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>SCHWARTZ, ROBERT D. 4700 N.W. BOCA RATON BLVD. SUITE B201 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>TIFFANY MAHISTEDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1315 NW 2ND AVE</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33444</b>	
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: <b>TIFFANY MAHISTEDT</b> <b>Director</b> <b>8-30-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MAHISTEDT, TIFFANY</b> <input type="checkbox"/> Delete <b>1315 N.W. 2ND AVE.</b> <b>DELRAY BEACH, FL 33444</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>8-30-05</b> <b>561 330 9733</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**50065876**



08312005 Chg-P CR2E034 (10/03)  
**270083295**

4. FEI Number **270083295** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required



ATTACHMENT  
52065076  
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P04000015627
Business Entity Name	MY BABYLON, INC.
Original File Date	01/20/2004

FEI Number

Principal Address 1315 N.W. 2ND AVE.  
DELRAY BEACH, FL 33444

Mailing Address 1315 N.W. 2ND AVE.  
DELRAY BEACH, FL 33444

Registered Agent ROBERT D SCHWARTZ  
4700 N.W. BOCA RATON BLVD.  
SUITE B201  
BOCA RATON, FL 33431 US

Officer/Director Name And Address

D  
TIFFANY MAHLSTEDT  
1315 N.W. 2ND AVE.  
DELRAY BEACH, FL 33444

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

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ATTACHMENT  
50065076

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P04000015627

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