2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # P04000018751 1. Entity Name MO'S ACOUSTICAL CEILING INC.						01-26-2007 90028 027 ***150.00			
Principal Place of Business Mailing Address						· ·			
4508 PERDI Lutz, FL 33			4508 PERDITA LANE Lutz, Fl. 33558						
							I AREN GIGIR REVIN REVIR REVIN A	ZIGO IIDGI LOM IBBEL BIRDE III	MAN IN LUTA
2. Principal Place of Business - No P.O. Box # 4508 Parama lane			3. Mailing Address 4508 Perd Ha lan-e						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01112007	Chg-P	CR2E034 (12/06)		
City & State Lyt #		City & State Lutz FL			4. FEI Numb 26-009			plied For at Applicable	
3353	S	Country USA	Zip 22 CC	Country U-S/	<i>A</i> .	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	
		and Address of Current	Registered Agent	Ī	7. Name and Address of New Registered Agent				
MOHAMMED, SHAUKAT A					Name MH				
4508 PERDITA LANE LUTZ, FL 33558					Street Address (P.O. Box Number is Not Acceptable)				
:									
· ()					City FL Zip Code				
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 (Note: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing - \$5.00 May Be - Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTORS	S IN 11
TITLE F	D MOHAMM	ED, SHAUKAT A	☐ Delete	TITLE NAME	$f \mid_{SA}$	HERA	Mohamm	ed □ Change	Addition
STREET ADDRESS	TADDRESS 4508 PERDITA LANE			STREET AD		1508 Perdita lane			
CITY-ST-ZIP	LUTZ, FL	33558		CITY-ST-Z	ZIP L		33558	•	
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NAME			☐ Delete	TITLE NAME				☐ Change	☐ Addition
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GITT-31-ZIF	L			CITY-ST-Z	/Ir			··········	

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 of 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/32/07 813 748271