2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P05000006742

Entity Name: SNUGGLEPUSS, INC.

Current Principal Place of Business:

237 W LAKE FAITH DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

520 LIVE OAK ST.
MAITLAND, FL 32751

Current Mailing Address:

POST OFFICE BOX 180311
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 73-1726353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAMS, ALEX J
237 W LAKE FAITH DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ABRAMS, ALEX J MR.
520 LIVE OAK ST.
MAITLAND, FL 32751 US

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: ALEX J ABRAMS 01/10/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABRAMS, ALEX J
Address: POST OFFICE BOX 180311
City-St-Zip: CASSELBERRY, FL 32718

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: ABRAMS, ALEX J
Address: POST OFFICE BOX 180311
City-St-Zip: CASSELBERRY, FL 32718

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALEX J ABRAMS MR. 01/10/2007
Electronic Signature of Signing Officer or Director Date