

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008525

Entity Name: MYSTIC MOONS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5409 OAKMONT VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

188 BENT TREE DRIVE
PALM BEACH GARDENS, FL 334183597

Current Mailing Address:

5409 OAKMONT VILLAGE CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

188 BENT TREE DRIVE
PALM BEACH GARDENS, FL 334183597

FEI Number: 20-2212696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFA, CATHY
5409 OAKMONT VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

RAFFA, CATHY
188 BENT TREE DRIVE
PALM BEACH GARDENS, FL 334183597 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: CATHY RAFFA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LEIST, FRANCES V
Address: 4000 N. OCEAN DRIVE, APARTMENT 1702
City-St-Zip: SINGER ISLAND, FL 33404

Title: S/D () Delete
Name: RAFFA, CATHY
Address: 5409 OAKMONT VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/D (X) Change () Addition
Name: RAFFA, CATHY
Address: 188 BENT TREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334183597

I hereby certify that the information supplied with this filing does not qualify 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: CATHRY RAFFA

S/D

04/30/2009

Electronic Signature of Signing Officer or Director

Date