2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044939

Entity Name: MOTHER & DAUGHTER INVESTMENTS INC.

1060 S.E. PORT SAINT LUCIE BOULEVARD

PORT SAINT LUCIE, FL 34952

Address:

City-St-Zip:

FILED Apr 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	PORT SAINT NT LUCIE, FL	LUCIE BOULEVARD 34952			
Current Mailing Address:			New Mailing Address:		
	PORT SAINT NT LUCIE, FL	LUCIE BOULEVARD 34952			
FEI Number	: 20-2568833	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PORT SAI	PORT SAINT NT LUCIE, FL	34952 US	ourpose of changing its registered	office or registered agent, or both,	
	e of Florida.		surpose of changing the regionered	omeo or registered agent, or bear,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHILD, BONNI 1060 S.E. POF) Delete E RT SAINT LUCIE BOULEVARD UCIE, FL 34952	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	S () Delete	Title: () Change () Addition	

Address:

City-St-Zip:

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: BONNIE SHILD P 04/09/2006