

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90025 003 \*\*\*150.00

66004398



<b>DOCUMENT # P05000051288</b> 1. Entity Name <b>MUL-TY-VIBES INC.</b>					
Principal Place of Business <b>816 BLANC CT POINCIANA, FL 34759</b>			Mailing Address <b>816 BLANC CT POINCIANA, FL 34759</b>		
2. Principal Place of Business		3. Mailing Address			
<del>Suite, Apt. #, etc.</del>		<del>Suite, Apt. #, etc.</del>			
City & State		City & State		4. FEI Number <b>020620182</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SUTTER, BERNARD R 3036 BIG SKY BLVD KISSIMMEE, FL 34744</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORGAN, PATRICE L 816 BLANC CT POINCIANA, FL 34759</b> <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	
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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 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 as otherwise empowered.					
SIGNATURE: _____			_____ <small>Signature and typed or printed name of signing officer or director</small>		
			_____ <small>Date</small>		
			_____ <small>Business Phone #</small>		



ATTACHMENT  
66004398

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

MUL-TY-VIBES INC.  
816 BLANC CT  
POINCIANA, FL 34759

Subject: MUL-TY-VIBES INC.

Reference Number: P05000051288

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION