


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State


03-20-2008 90026 019 ***150.00

DOCUMENT # P05000051288	
1. Entity Name MUL-TY-VIBES INC.	

Principal Place of Business 816 BLANC CT POINCIANA, FL 34759	Mailing Address 816 BLANC CT POINCIANA, FL 34759
<i>2625 Eagle Canyon Dr North</i> <i>Kissimmee, FL</i> <i>34746</i>	<i>2625 Eagle Canyon Dr North</i> <i>Kissimmee, FL</i> <i>34746</i>

DO NOT WRITE IN THIS SPACE

Kissimmee, FL
34746 **50000158**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0620182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SUTTER, BERNARD R 3036 BIG SKY BLVD KISSIMMEE, FL 34744
--

DO NOT WRITE IN THIS SPACE

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 _____	(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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, PATRICE L 816 BLANC CT POINCIANA, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
--	--	------------	-----------------------