

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000051288

Entity Name: MUL-TY-VIBES INC.

**FILED**  
**Jul 07, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2625 EAGLE CANYON DR NORTH  
KISSIMMEE, FL 34746

## **New Principal Place of Business:**

529 MANDRAKE COVE #6  
FERN PARK, FL 32730

## **Current Mailing Address:**

2625 EAGLE CANYON DR NORTH  
KISSIMMEE, FL 34746

## **New Mailing Address:**

529 MANDRAKE COVE #6  
FERN PARK, FL 32730

FEI Number: 05-0620182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MORGAN, PATRICE L  
2625 EAGLE CANYON DR NORTH  
KISSIMMEE, FL 34746 US

## **Name and Address of New Registered Agent:**

MORGAN, PATRICE L  
529 MANDRAKE COVE #6  
FERNPARK, FL 32730 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: PATRICE MORGAN

07/07/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MORGAN, PATRICE L  
Address: 529 MANDRAKE COVE #6  
City-St-Zip: FERNPARK, FL 32730

I hereby 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 all other like empowered.

SIGNATURE: PATRICE MORGAN

CEO

07/07/2011

Electronic Signature of Signing Officer or Director

Date