

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106456

Entity Name: MOTHERS ORGANICS, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

6727 CR 579
SEFFNER, FL 33584 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
THONOTOSASSA, FL 33592 US

New Mailing Address:

FEI Number: 20-3244921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, PETER
2806 W PAXTON AVE
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSTD () Delete
Name: STANTON, BRANDY
Address: 4830 MAINE AVE
City-St-Zip: LAKELAND, FL 33801 US

Title: P D () Delete
Name: NELSON, PETER
Address: 2806 WEST PAXTON AVE.
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PETER R NELSON

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date