

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAR 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc



03302006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000119244 1. Entity Name MAINSTREAM FENG SHUI, INC																																									
Principal Place of Business P.O. BOX 13963 TALLAHASSEE, FL 32317			Mailing Address P.O. BOX 13963 TALLAHASSEE, FL 32317																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number Applied For <input type="checkbox"/> Not Applicable																																					
City & State		City & State																																							
Zip	Country	Zip	Country																																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MOODY, BRENDA 835-C E PK AVE TALLAHASSEE, FL 32301																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																									
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 <u><i>Brenda Moody</i></u> <u>3/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOODY, BRENDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>835-C E PK AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32317</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	MOODY, BRENDA		STREET ADDRESS	835-C E PK AVE		CITY-ST-ZIP	TALLAHASSEE, FL 32317																									
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">400069967024</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>04/10/06--01075--012</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>**150.00</td> <td></td> </tr> </table>		TITLE	400069967024	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	04/10/06--01075--012		CITY-ST-ZIP	**150.00		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP																
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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 all other like empowered.																																									
SIGNATURE: <u><i>Brenda Moody</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/31/06</u> <small>Date</small>		<u>850-510-4866</u> <small>Daytime Phone #</small>																																					