

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159975

Entity Name: MOMMY, ME & MORE, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

7928 GUNN HWY.
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

7928 GUNN HWY.
TAMPA, FL 33626

New Mailing Address:

FEI Number: 14-1947325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, STEPHANIE J
18701 LIVINGSTON AVENUE
LUTZ, FL 33559 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: DP () Delete
Name: DIAZ, STEPHANIE J
Address: 18701 LIVINGSTON AVENUE
City-St-Zip: LUTZ, FL 33559

Title: DV () Delete
Name: DIAZ, EDWARD R
Address: 18701 LIVINGSTON AVENUE
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: DIAZ, DIANE
Address: 18701 LIVINGSTON AVENUE
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: KOZLOWSKI-LOCASCIO, DONNA
Address: 103 CRESTWOOD
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: DIAZ, DIANE
Address: 27908 SUMMER PLACE DR
City-St-Zip: WESLEY CHAPEL, FL 33544

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: STEPHANIE DIAZ

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04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date