2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045636

Entity Name: MISTY MIOTTO, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

123 HARRINGTON CT 1800 LAGO CT

DAVENPORT, FL 33837 SAINT CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

123 HARRINGTON CT 1800 LAGO CT

DAVENPORT, FL 33837 SAINT CLOUD, FL 34769

FEI Number: 20-8859806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MIOTTO, MISTY MIOTTO, MISTY 123 HARRINGTON CT. 1800 LAGO CT

DAVENPORT, FL 33837 SAINT CLOUD, FL 34769 US 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: 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

MIOTTO, MISTY MIOTTO, MISTY Name: Name: 123 HARRINGTON CT. 1800 LAGO CT Address: Address:

City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: SAINT CLOUD, FL 34769

Title: VΡ () Delete Title: VΡ (X) Change () Addition SANTOS, NELIO Name: SANTOS, NELIO

Name: 123 HARRINGTON CT. 1800 LAGO CT Address: Address: SAINT CLOUD, FL 34769

DAVENPORT, FL 33837 City-St-Zip: City-St-Zip:

Title: Title: SEC () Delete SEC (X) Change () Addition SANTOS, NELIO SANTOS, NELIO Name: Name:

123 HARRINGTON CT. 1800 LAGO CT Address: Address:

City-St-Zip: DAVENPORT, FL 33837 City-St-Zip: SAINT CLOUD, FL 34769

Title: TRES () Delete Title: **TRES** (X) Change () Addition

SANTOS, NELIO SANTOS, NELIO Name: Name: Address: 123 HARRINGTON CT Address: 1800 LAGO

City-St-Zip: City-St-Zip: DAVENPORT, FL 33837 SAINT CLOUD, FL 34769

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: MISTY MIOTTO OWNE 05/01/2009