


FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90069 025 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000006038					
1. Entity Name MUSTARD SEED PUBLISHING, INCORPORATED					
Principal Place of Business 121 W WISCONSIN AVE 110 W NEW YORK AVE DELAND, FL 32720 US			Mailing Address PO BOX 2397 DELAND, FL 32721 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3150312			Applied For Not Applicable		
5. Certificate of Status Desired 01272006 Chg-P CR2E034 (11/05)			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KRAMER, JOANN 121 W WISCONSIN AVE 110 W NEW YORK AVE DELAND, FL 32720			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 to the registered office of not familiar with the obligations of registered agent.					
SIGNATURE _____ Signature: typed or printed name of registered agent and title if applicable. Registered Agent signature required. DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BUTTON, BARBARA O STREET ADDRESS 807 W. HOWRY AVE. CITY-STATE-ZIP DELAND, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Additi		
TITLE T NAME KRAMER, JOANN M STREET ADDRESS 2075 CENTRAL PKWY CITY-STATE-ZIP DELAND, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Additi		
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12. I hereby certify that the information supplied is true and accurate and that my signature shall be a true and correct signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 19, Florida Statutes. If further certification is required, it shall be made by the receiver or trustee empowered to execute this report as required by Chapter 19, Florida Statutes. If the information is changed, or on an attachment, with all other like empowered.					
SIGNATURE: <u>Joann Kramer</u> JOANN KRAMER 4/7/06 386-734-4622 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					