

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047345

FILED  
Jul 11, 2006  
Secretary of State

Entity Name: MUMMA, INC.

**Current Principal Place of Business:**

82 PALM DRIVE  
BAY POINT  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

82 PALM DRIVE  
BAY POINT  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0441870      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SYNON, IMOGENE M  
420 FLEMING STREET  
KEY WEST, FL 33040      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: VALLET, LOUIS M  
Address: 82 PALM DR., BAY POINT  
City-St-Zip: KEY WEST, FL 33040

Title: DST ( ) Delete  
Name: SYNON, IMOGENE M  
Address: 82 PALM DR., BAY POINT  
City-St-Zip: KEY WEST, FL 33040

Title: V ( ) Delete  
Name: CANALEJO, RAY  
Address: 82 PALM DR, BAY POINT  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: IMOGENE SYNON

ST

07/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date