2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# P96000012206

Entity Name: MYSTIC ON-LINE SERVICES, INC.

Current Principal Place of Business:

6929 ANTINORI LANE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 741277
BOYNTON BEACH, FL 334371277 US

New Mailing Address:

FEI Number: 65-0642136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASKER, CHARLES M
6829 ANTINORI LANE
BOYNTON BEACH, FL 33437 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LASKER, CHARLES M
Address: 6929 ANTINORI LANE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LASKER, CHARLES M
Address: 6929 ANTINORI LANE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D ( ) Change (X) Addition
Name: SHOMER, MATTHEW
Address: 6929 ANTINORI LANE
City-St-Zip: BOYNTON BEACH, FL 33432 US

Title: D ( ) Change (X) Addition
Name: WALKER, LACY
Address: 6929 ANTINORI LANE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D ( ) Change (X) Addition
Name: PATEL, ANDY
Address: 6929 ANTINORI LANE
City-St-Zip: BOYNTON BEACH, FL 33437

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: CHARLES M LASKER D 07/18/2007

Electronic Signature of Signing Officer or Director Date