2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Michele Mottey

FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90128 038 ***150.00

DOCUMENT # P9700009915 1. Entity Name MISS HAZEL, INC.								04-14-2006	90128 03	8 ***150	0.00
Principal Place of Business Mailing Address							⊣				
159 OAK LANE 159 OAK LANE											
NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 3216						68					
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2. Principal Place of Business 3				3. Mailing Address			 				
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Suite, Apt. #, etc.				Suite, Apt. #, etc.			04042006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State			4. FEI Numbe			Ar	plied For
Zip Country			7:-	Zip Countr			59-3420587 Not Applicable				
Zip 	Zip Country		ΔÞ	Cour		шту	5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Curren	t Registered A	gent	1	7. Name and Address of New Registered Agent					
MOTIEV MICHELE						Name					
MOTLEY, MICHELE 159 OAK LANE						Street Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH, FL 32168											
						City	City				
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							5.00 May Be dded to Fees				
10.							ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTOR:	S IN 11
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CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168					-ST-ZIP					
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NAME					NAM	-					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
	certify that th	a information supplied wi	th this filing do	es not qualify f			ed in Chapter 110	Florida Statutan I	further cortif	that the	nformation
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											

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