2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 03, 2006 08:00 AM Secretary of State

ARMOAL REI GREE					3,5	- Secre	etary of St	ate
DOCUMENT # P97000017849 1. Entity Name MOTHER EARTH'S CAFE, INC.						_	y our y	
Oringinal Piece	o of Business		1					
Principal Place of Business Mailing Address					ĺ			
S12 EGLIN PARKWAY FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548			1 22549					
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2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-P	CR2E034 (11/05	<u> </u>	
City & State		City & State Zip Country			4. FEi Number 59-3455			Applied For Not Applicable
Zip	Country	Zip	Coun	ivy	5. Certificate o	f Status Desired	\$8.75 A	
5. Name and Address of Current Registered Agent				I	7. Name and	Address of New F	Registered Agent	
<u> </u>	o. Hame and Audians of Cultan	· indiatorar unatit		Name			Processor collection	
CAMPBELL, JULIE L 512 EGLIN PKWY				Street Address (P.O. Box Number is Not Acceptable)				
FT. WALTON BEACH, FL 32548						<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
				City			FL Zip Co	ode
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 algreture required when reinstating) DATE								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa 00 Trust Fund Con			.00 May Be ed to Fees			ر سيد مع
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OF	ICERS AND DIRECTO	RS IN 11
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NAME	CAMPBELL, JULIE L		NAME					}
STREET ADDRESS	512 EGLIN PARKWAY		ŜTRES					ļ
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12. I hereby	certify that the information supplied wit	this filing does not qualify for	or the exi	emptions contained	i in Chapter 119,	Florida Statutes.	I further certify that the	information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statules, I further certify that the information indicated on this report or supplier ental report is tracking 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 of trustee empowered to exempte 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 attackment with an address, with all other like empowered.								
changed, or on an attacipment with an address, with all other life empowered.								
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