

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P97000017849</b> 1. Entity Name <b>MOTHER EARTH'S CAFE, INC.</b>					
Principal Place of Business <b>512 EGLIN PARKWAY FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>512 EGLIN PARKWAY FT. WALTON BEACH, FL 32548</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-3455036</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, JULIE L 512 EGLIN PKWY FT. WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CAMPBELL, JULIE L 512 EGLIN PARKWAY FT. WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.					
SIGNATURE: <i>Julie Campbell</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/1/06</b> (850) 314-7486 Daytime Phone #		