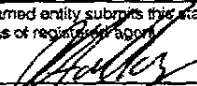


Apr 28 04 11:41a

Peter Rudolph, CPA

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FILED^{P-2}May 03, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000069228 1. Entity Name THE MOUSE PAD, INC.			
Principal Place of Business 4237 NW 7 PL DEERFIELD BEACH, FL 33442 US		Mailing Address 4237 NW 7 PL DEERFIELD BEACH, FL 33442 US	
DO NOT WRITE IN THIS SPACE		 03132004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0774568		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLOWAY, CHRISTOPHER 4237 NW 7 PL DEERFIELD BEACH, FL 33442		DO NOT WRITE IN THIS SPACE	
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		DATE 4-28-04 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000151739 05/04/04-80059-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPST HOLLOWAY, CHRISTOPHER 4237 NW 7 PL DEERFIELD BEACH, FL 33442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-28-04 DAYTIME PHONE # 954-4272555	