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Secretary of State
05-02-2005 90485 017 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000069228

1. Entity Name
THE MOUSE PAD, INC.

400730001

Principal Place of Business	Mailing Address
4237 NW 7 PL DEERFIELD BEACH, FL 33442 US	4237 NW 7 PL DEERFIELD BEACH, FL 33442 US

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4100 N Powerline Road	4100 N. Powerline Rd
Suite, Apt. #, etc.: B1	Suite, Apt. #, etc.: B1
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33073 Country: USA	Zip: 33073 Country: USA

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

7. Name and Address of New Registered Agent

Name: Holloway, Christopher
Street Address (P.O. Box Number is Not Acceptable): 4100 N Powerline Rd B1
City: Pompano Bch FL Zip Code: 33073

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 X [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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	DPST HOLLOWAY, CHRISTOPHER 4237 NW 7 PL DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 4·28·05 9549727353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #