

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90055 004 ***150.00

60029073



DOCUMENT # P97000069228 1. Entity Name THE MOUSE PAD, INC.																													
Principal Place of Business 4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442 US			Mailing Address 4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 295 Goolsby Blvd Deerfield Beach, FL 33442			3. Mailing Address Suite, Apt. #, etc. 295 Goolsby Blvd Deerfield Beach, FL 33442																										
4. FEI Number 65-0774568			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent HOLLOWAY, CHRISTOPHER 4237 NW 7TH PLACE DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Holloway, Christopher 295 Goolsby Blvd Deerfield Beach, FL 33442																										
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>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DPST</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLLOWAY, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4237 NW 7 PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BEACH, FL 33442</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Delete	NAME	HOLLOWAY, CHRISTOPHER		STREET ADDRESS	4237 NW 7 PL		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 like empowered																													
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
Date: 3/21/07																													