2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P98000103238

Entity Name: FOUR MUGS, INC.

Current Principal Place of Business:

4700 HIATUS RD
SUITE 256
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4700 HIATUS RD
SUITE 256
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0881831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIVETT, KENNETH
4700 HIATUS RD
SUITE 256
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SIMS, KEITH
Address: 1419 ST GABRIELLE LN #4008
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete
Name: FERRALDO, PAUL
Address: 2573 JARDIN WAY
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete
Name: PRIVETT, KENNETH
Address: 3677 SAN SIMEON CIR
City-St-Zip: WESTON, FL 33331

Title: S ( ) Delete
Name: PRIVETT, CLINTON
Address: 15630 GAUNLET HALL MANOR
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL TIMPANARO MISS 04/18/2005

Electronic Signature of Signing Officer or Director Date