

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000103238

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FOUR MUGS, INC.

## Current Principal Place of Business:

4700 HIATUS RD  
SUITE 256  
SUNRISE, FL 33351 US

## New Principal Place of Business:

4426 WESTON RD  
WESTON, FL 33331 US

## Current Mailing Address:

4700 HIATUS RD  
SUITE 256  
SUNRISE, FL 33351 US

## New Mailing Address:

5701 N PINE ISLAND RD  
SUITE 300  
TAMARAC, FL 33321 US

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:

PRIVETT, KENNETH  
5701 N PINE ISLAND RD  
SUITE 300  
TAMARAC, FL 33321 US

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:

04/28/2006

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 Chapter 119, 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: TIMPANARO

MS

04/28/2006

Electronic Signature of Signing Officer or Director

Date