


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000059591</b> 1. Entity Name MOSAICS OF AMERICA, INC.	
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Principal Place of Business 901 S. 3RD ST. FORT PIERCE, FL 34950	Mailing Address 901 S. 3RD ST. FORT PIERCE, FL 34950
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**DO NOT WRITE IN THIS SPACE**



06122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0933394	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HOCHSTETTER, ANDREW J 901 S. 3RD ST. FORT PIERCE, FL 34950
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOCHSTETTER, ANDREW 72 SOUTH RIVER ROAD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOCHSTETTER, GREGORY 18988 SE WINDWARD ISLAND WAY JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLOPFER, ROBERT V 2178 JOHNSTOWN RD NE DOVER, OH 44622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000567792  
06/30/06-80004-003 550.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/06  
Date

332-349-3352  
Daytime Phone #

Robert V. KLOPFER