## 2007 FOR PROFIT CORPORATION

## **FILED** Mar 26, 2007 08:00 AM Secretary of State

ANNUA	AL KEPOKI			
DOCUMENT # P99000072348  1. Entity Name MABBETTE STREET BUSINESS CENTRE, INC.				
Principal Place of Business	Mailing Address			
3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746 US	3601 South Orange Blossom Trail Kissimmee, FL 34746 US			

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01242007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3591141 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytme Phone #

O'SHAUGHNESSY, ROSEMARIE 3601 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34746

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin.     Trust Fund Contribution	~ ,	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFICERS AND DIRECT DOORSHAUGHNESSY, ROSEMARIE 3601 SOUTH ORANGE BLOSSOM TILL KISSIMMEE, FL 34746					
NAME STREET ADDRESS CITY-ST-ZIP					000000579360 04/03/07-80035-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE . NAME STREET ADDRESS CITY-ST-ZIP						
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 repop as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if						