2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 858480

FILED Jan 03, 2006 Secretary of State

Entity Name: WALTER P. MOORE AND ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	TSIDE, SECON N, TX 77098	ID FLOOR US		
Current M	ailing Addres	s:	New Mailing	Address:
	TSIDE, SECON N, TX 77098	ID FLOOR US		
FEI Number:	74-1554339	FEI Number Applied For ()	FEI Number Not Applica	ble () Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and A	ddress of New Registered Agent:
SUITE 300	KENNEDY BC			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its i	registered office or registered agent, or both,
SIGNATU	RE:			
				D-1-
	Electron	ic Signature of Registered Age	ent	Date
Election Car		ic Signature of Registered Age	ent	Date
		g Trust Fund Contribution ().		Date CHANGES TO OFFICERS AND DIRECTORS
OFFICERS Title: Name: Address:	mpaign Financing	TORS: Delete MOND F E, 2ND FL		
	P () MESSER, RAYD HOUSTON, TX V () GRIFFIS, LAWI	TORS: Delete MOND F E, 2ND FL 77098 Delete RENCE G EXPRESSWAY, SUITE 355	ADDITIONS/ Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS
OFFICER: Title: Name: Address: Dity-St-Zip: Title: Name: Address:	P () MESSER, RAYI 3131 EASTSIDI HOUSTON, TX V () GRIFFIS, LAWI 1221 S. MOPAG AUSTIN, TX 78	Trust Fund Contribution (). TORS: Delete MOND F E, 2ND FL 77098 Delete RENCE G C EXPRESSWAY, SUITE 355 746 Delete THOMAS N E, 2ND FL	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	P () MESSER, RAYI 3131 EASTSIDI HOUSTON, TX V () GRIFFIS, LAWI 1221 S. MOPAG AUSTIN, TX 78 T () MAGNUSSON, 3131 EASTSIDI HOUSTON, TX	Trust Fund Contribution (). TORS: Delete MOND F E, 2ND FL 77098 Delete RENCE G C EXPRESSWAY, SUITE 355 746 Delete THOMAS N E, 2ND FL 77098 Delete Y A E, 2ND FL	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	CHANGES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

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: MOLLY A. HARRIS S 01/03/2006