

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H82260

Entity Name: MOTURIS INC.

FILED
Aug 12, 2005
Secretary of State

Current Principal Place of Business:

3901 NW 16TH ST
LAUDERHILL, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

3901 NW 16TH ST
LAUDERHILL, FL 33311 US

New Mailing Address:

FEI Number: 59-2262387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLASS, NEAL
3901 NW 16TH ST
LAUDERHILL, FL 33311 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAHLER, ERNST
Address: GROSSWIES 38
City-St-Zip: 8185 WINKEL/SWITZ,

Title: MGR () Delete
Name: KLASS, NEAL
Address: 8204 NW 74 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR () Change (X) Addition
Name: STUCKI, MARTIN
Address: 111 NOTTINGHAM ROAD
City-St-Zip: RAYMOND, NH 03077 US

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: NEAL KLASS

MGR

08/12/2005

Electronic Signature of Signing Officer or Director

Date