

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116121

Entity Name: MOON IMAGINATIONS, INC.

FILED  
Apr 30, 2005  
Secretary of State

**Current Principal Place of Business:**

5300 CITRUS BLVD  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

5300 CITRUS BLVD  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 20-0310670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, LEA A  
5300 CITRUS BLVD  
COCOA, FL FL 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SULLIVAN, LEA A  
Address: 5300 CITRUS BLVD  
City-St-Zip: COCOA, FL 32926 US

Title: VP ( ) Delete  
Name: RHODES, MARY  
Address: 1460 S ATLANTIC AVENUE  
City-St-Zip: COCOA BEACH, FL 32931 FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: LEA ANN SULLIVAN

PRE

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date