

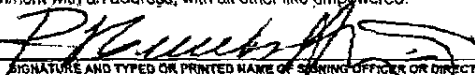


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000087480</b>		
1. Entity Name R.H. MOISA LAWN SERVICE, INC.		
Principal Place of Business 418 NE 23RD PLACE CAPE CORAL, FL 33909		Mailing Address 418 NE 23RD PLACE CAPE CORAL, FL 33909
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01192006 No Chg-P CR2E034 (11/05)		
4. FEI Number 56-2459924		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MOISA, RAFAEL H 418 NE 23RD PLACE CAPE CORAL, FL 33909		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11000000400444 02/02/06--80004-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOISA, RAFAEL H 418 NE 23RD PLACE CAPE CORAL, FL 33909	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR</small>		1/23/06 <small>Units Daytime Phone #</small>