


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2006 8:00 am
Secretary of State

04-24-2006 90462 010 ***150.00



1st MOORE CR2E034 (10/05)

DOCUMENT # P05000036465 1. Entity Name MOVING TARGETS MEDIA, INC.			
Principal Place of Business 2853 SE PACE DRIVE PORT ST LUCIE FL 34984 US		Mailing Address 2853 SE PACE DRIVE PORT ST LUCIE FL 34984 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORAN, ROBIN L 2853 SE PACE DRIVE PORT ST LUCIE FL 34984		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when consulting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MORAN, ROBIN L STREET ADDRESS 2853 SE PACE DRIVE CITY-ST-ZIP PORT ST LUCIE FL 34984	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Robin L. Moran</u>		Date: <u>3-30-06</u> 772-336-5558	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	