


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101810		
1. Entity Name BLUE MOON GARDEN CAFE, INC.		

05 JUN 30 PM 2: 54

Principal Place of Business 200 E GAINES ST TALLAHASSEE, FL 32399 US	Mailing Address 200 E GAINES ST TALLAHASSEE, FL 32399 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06302005 Chg-P CR2E034 (10/03) 05

4. FEI Number 65-0721162	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GADD, WILMA C 8702 MILES JOHNSON ROAD TALLAHASSEE, FL 32309	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
5060 Tillie Lane	
City	FL 32305

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADD, MARTIN K	NAME	5060 Tillie Lane
STREET ADDRESS	8702 MILES JOHNSON ROAD	STREET ADDRESS	Tallahassee FL 32305
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	FL 32305
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADD, WILMA C	NAME	5060 Tillie Lane
STREET ADDRESS	8702 MILES JOHNSON ROAD	STREET ADDRESS	Tallahassee FL 32305
CITY-ST-ZIP	TALLAHASSEE, FL 32309	CITY-ST-ZIP	FL 32305
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	200057345102
STREET ADDRESS		STREET ADDRESS	07/12/05--01035--010 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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>Wilma C Gadd</u>	Date: <u>6-30-05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	