2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REP	<u>OUI</u>	ENGLISHED FOR	Mar 28, 2005 08:00
DOCUMENT # P02000090482		STATE	Secretary of State
1. Entity Name BLUE MOON PAINTING, INC.	. 2		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BLUE MOON PAINTING, INC.			
Principal Place of Business Mailing	Address		
*280 SE 8TH ST	81H ST		
POMPANO BCH, FL 33060POMPA	ANO BCH, FL 33060		
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water county with			03222005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC		Æ	4. FEI Number Applied For
	•		27-0039067 Not Applicable 5. Continuo de Status Benind S8.75 Additional
			5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered	Agent		<u></u>
NORELL, ROBERT S 8751 S BROWARD BLVD STE 410 PLANTATION, FL 33324			DO NOT WRITE
			IN THIS SPACE
	and the second s		
 The above named entity submits this statement for the purpose the obligations of registered agent 	e of changing its registered	d office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature typed or printed name of registered agent and title if applica	able (NOTE Registered	Agent signature required	when recistation) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	~	00 May Be ad to Fees
10. OFFICERS AND DIRECTORS		المراسية والمحافظ المراجعة المراجع والمحافظ	Include is
TITLE D			
NAME WEISSE, MICHAEL STREET ADDRESS 280 SE 8TH ST			
CITY-ST-ZIP POMPANO BCH, FL 33060			1000000279252 03/28/05-80049-022 158,75
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NAME			IN THIS SPACE
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NAME STREET ADDRESS	J		
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 I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is true and according to the control of the	es not qualify for the exem curate and that my signatu	ption stated in Sec re shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as it made under oath, that I am an officer or director
of the corporation or the receiver or trustee empowered to ex- changed, or on an attachpoint with an address, with an other	ecute this report as require like empowered	ed by Chapter 607.	Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: (Mi ())	HIKE A I	VEISSLE	04-01-05 954-650-2049
SIGNATURE AND TYPED OR PRINTED NAME OF			Data Daytime Phone #