


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 517941 1. Entity Name KEN MOORE ASSOCIATES, INC.	
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Principal Place of Business 522 E COLONIAL DR ORLANDO, FL 32803	Mailing Address 128 VARIETY TREE CIR ALTAMONTE SPRINGS, FL 32714 US
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02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1697731	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 MOORE, KENNETH W. JR. 522 E COLONIAL DR ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, KENNETH W. JR. 128 VARIETY TREE CIRCLE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOORE, JEAN C. 128 VARIETY TREE CIRCLE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN FRANCIS 522 E COLONIAL DR ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, K GERALD 17 N JAMES ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLLINS, CYNTHIA M 522 EAST COLONIAL DRIVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITING, PATRICIA MOORE 1091 NEW CASTLE LANE OVIEDO, FL 32765

<p>1100000447417 03/08/06-80058-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: 	Date 2/21/06	Daytime Phone # 407 423-8345
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