



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 692286 1. Entity Name JOHN MOVING, INC.						FILED 06 SEP 20 07 2:21 SECL TALLA			
Principal Place of Business 18353 NE 4TH CT MIAMI, FL 33179-4523 US				Mailing Address 18353 NE 4TH CT MIAMI, FL 33179-4523 US					
2. Principal Place of Business 18227 NE 4TH CT.		3. Mailing Address 18227 NE 4TH CT.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State NORTH MIAMI BEACH, FL.		City & State NORTH MIAMI BEACH, FL.		4. FEI Number 59-2109491		Applied For <input type="checkbox"/> Not Applicable			
Zip 33162		Country USA		Zip 33162		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09062006 Chg-P CR2E034 (11/05)					
6. Name and Address of Current Registered Agent MILLER, GLENN R ESQ 67 NE 168TH ST MIAMI, FL 33162				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006				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 NAME STREET ADDRESS CITY-ST-ZIP	P TATE, RUSSELL L 18353 NE 4TH CT MIAMI, FL 331794523			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080387443 10/03/06--01023--014 **550.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TATE, RANDALL L 18353 NE 4TH CT MIAMI, FL 331794523			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 any address, with all other like empowered.									
SIGNATURE: <i>Randall L Tate</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<i>Sept 14, 2006</i> Date				(305)-651-5544 Daytime Phone #	