
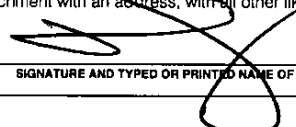


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May 04, 2005 8:00 am
Secretary of State

05-04-2005 90126 047 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F01000003736 1. Entity Name MOORE PROPERTIES, ET AL CORPORATION			
Principal Place of Business 4164 N DUPONT HWY, STE #2 DOVER, DE 19901		Mailing Address 4164 N DUPONT HWY, STE #2 DOVER, DE 19901	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 143 GLEN STREET Suite, Apt. #, etc.	
City & State DOVER, DE		4. FEI Number 51-0408657	
Zip 19901		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORE, AIKO 1555 BAYWATER COURT HEATHROW, FL 32746		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 MOORE, FRANK R <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOORE, FRANK R	NAME	
STREET ADDRESS	747 WESTFIELD RD.	STREET ADDRESS	
CITY - ST - ZIP	MOORESTOWN, NJ	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOORE SR, PAUL	NAME	
STREET ADDRESS	1555 BAYWATER CT	STREET ADDRESS	
CITY - ST - ZIP	HEATHROW, FL	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOORE, AIKO	NAME	
STREET ADDRESS	1555 BAYWATER CT	STREET ADDRESS	
CITY - ST - ZIP	HEATHROW, FL	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOORE JR, PAUL	NAME	
STREET ADDRESS	293 HATCHERY RD	STREET ADDRESS	143 GLEN STREET
CITY - ST - ZIP	DOVER, DE	CITY - ST - ZIP	DOVER, DE 19901
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 		PAUL T. MOORE JR 04/28/05 302-730-4460 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>	