2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004549

1. Entity Name

MORVEN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH ROAD, STE. 108 LAKE WORTH FL 33463	5700 LAKE WORTH ROAD, STE. 108 LAKE WORTH FL 33463

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-3241318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May C Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VC	☐ Delete	TITLE	CHAIRMAN	☐ Change ☐ Add
NAME	SUBOTNICK, STUART		NAME		
STREET ADDRESS	21 MAIN ST		STREET ADDRESS	Same	
CITY-ST-ZIP	HACKENSACK NJ 07601		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE	President	☐ Change ☐ Add
NAME	LEBER, ALAN H		NAME		
STREET ADDRESS	10737 NORTHGREEN DR.		STREET ADDRESS	Same	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	V	☐ Change ☐ Add
NAME	CEVOLI, OAYK		NAME	Cevoli, PAUL	
STREET ADDRESS	21 MAIN ST		STREET ADDRESS	Same	
CITY-ST-ZIP	HACKENSACK NJ 07601		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Add
NAME	PERSING, DAVID A		NAME		
STREET ADDRESS	21 MAIN ST		STREET ADDRESS	U00000410889	
CITY-ST-ZIP	HACKENSACK NJ 07601		CITY-ST-ZIP	02/03/06-80055-008 150.00	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MARESCA, ROBERT A		NAME		
STREET ADDRESS	21 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	HACKENSACK NJ 07601		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 exemptions contained in Section 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: Alan H Leber ALAN H. Leber 1/26/06 561-649-6555