

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006228

FILED
Apr 24, 2005
Secretary of State

Entity Name: MOORISH SCIENCE TEMPLE OF AMERICA, INC.

Current Principal Place of Business:

512 BAMBOO HARBOR CT APT. 103
ORLANDO, FL 32825

New Principal Place of Business:

710 EXECUTIVE CENTER DRIVE
APT 428
WEST PALM BEACH, FL 33401

Current Mailing Address:

512 BAMBOO HARBOR CT APT. 103
ORLANDO, FL 32825

New Mailing Address:

931 VILLIAGE BOULEVARD
SUITE 905 #493
WEST PALM BEACH, FL 33409

FEI Number: 52-1147644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHARLES, O. WARREN
512 BAMBOO HARBOR CT APT. 103
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

CHARLES, O. WARREN
710 EXECUTIVE CENTER DRIVE
APT 428
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: O. WARREN CHARLES EL

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BRATTON-BEY, JOEL
Address: 2530 NORTH CALVERT STREET
City-St-Zip: BALTIMORE, MD 21218

Title: VC () Delete
Name: REED-EL, SHIEK
Address: 2530 NORTH CALVERT STREET
City-St-Zip: BALTIMORE, MD 21218

Title: D () Delete
Name: MURPHY-BEY, TYRONE
Address: 2530 NORTH CALVERT STREET
City-St-Zip: BALTIMORE, MD 21218

Title: D () Delete
Name: MCQUEEN-BEY, BOBBY
Address: 2530 NORTH CALVERT STREET
City-St-Zip: BALTIMORE, MD 21218

Title: P () Delete
Name: CHARLES, OLUWANSANMI W
Address: 512 BAMBOO HARBOR CT APT 103
City-St-Zip: ORLANDO, FL 32825

Title: VP () Delete
Name: AMON-EL, SHICK
Address: 2530 NORTH CALVERT STREET
City-St-Zip: BALTIMORE, MD 21218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLUWANSANMI WARREN CHARLES EL

PRES

04/24/2005

Electronic Signature of Signing Officer or Director

Date