

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002329

FILED
Jan 30, 2006
Secretary of State

Entity Name: MURRAY'S MOVING & STORAGE, INC.

Current Principal Place of Business:

50 MARIA AVE
JOHNSTON, RI 029195307 US

New Principal Place of Business:

Current Mailing Address:

50 MARIA AVE
JOHNSTON, RI 029195307 US

New Mailing Address:

FEI Number: 05-0435351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, MARVIN I
4651 SHERIDAN ST.
STE. 300
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRO, LOIS A
Address: 88 BYRON AVE
City-St-Zip: RUMFORD, RI 02916

Title: VP () Delete
Name: ANTHONY, MICHAEL
Address: 31 ORCHARD ST
City-St-Zip: CRANSTON, RI 02910

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANTHONY, MICHAEL
Address: 31 ORCHARD STREET
City-St-Zip: CRANSTON, RI 02910

Title: S (X) Change () Addition
Name: ANTHONY, MICHAEL
Address: 31 ORCHARD ST
City-St-Zip: CRANSTON, RI 02910

Title: T () Change (X) Addition
Name: CASTELLUCCI, CRAIG
Address: 64 OREGON AVENUE
City-St-Zip: NORTH PROVIDENCE, RI 02911

Title: VP () Change (X) Addition
Name: CASTELLUCCI, CRAIG
Address: 64 OREGON AVENUE
City-St-Zip: NORTH PROVIDENCE, RI 02911

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CRAIG CASTELLUCCI

VP

01/30/2006

Electronic Signature of Signing Officer or Director

_____ Date