

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84236

Entity Name: MORECO CORP.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 546286
SURFSIDE, FL 33154 US

New Principal Place of Business:

1028 88 ST
SURFSIDE, FL 33154 US

Current Mailing Address:

PO BOX 546286
SURFSIDE, FL 33154 US

New Mailing Address:

FEI Number: 11-2870161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, PHYLLIS A
1028 88 STR
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

CRANE, PHYLLIS A DP
1028 88 STR
SURFSIDE, FL 33154 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: PHYLLIS CRANE

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CRANE, PHYLLIS A.,
Address: 1028 88 STR.
City-St-Zip: SURFSIDE, FL

Title: DV () Delete
Name: TALESNICK, HOWARD,
Address: 1028 88 STR.
City-St-Zip: SURFSIDE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HOWARD TALESNICK

DV

01/14/2009

Electronic Signature of Signing Officer or Director

Date