


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L26565</b> 1. Entity Name <b>EXPRESS MOVING SYSTEMS, INC.</b>	
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Principal Place of Business <b>306 LAKEVIEW ST SUITE 108 ORLANDO, FL 32804 US</b>	Mailing Address <b>P.O. 540374 ORLANDO, FL 32854 US</b>
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**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2970536</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TOOKER, BRUCE  
306 LAKEVIEW ST. APT. 108  
ORLANDO, FL 32804**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000776315 01/09/08-80044-001 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS TOOKER, BRUCE 306 LAKEVIEW ST. APT. 108 ORLANDO, F</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **BRUCE TOOKER** **1/7/08 407 765 2529**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #