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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L42652** **(2)**

1. Corporation Name
BLUE MOON INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
1700 EMBASSY DRIVE SUITE 207 W. PALM BEACH FL 33401 US	1700 EMBASSY DRIVE SUITE 207 W. PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1990
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 1280 N. CONGRESS AVE	26 1280 N. CONGRESS AVE
Suite, Apt. #, etc. 22 #103	Suite, Apt. #, etc. 27 #103
City & State 23 WEST PALM BCH, FL	City & State 28 WEST PALM BCH, FL.
Zip 24 33409 Country 25 USA	Zip 29 33409 Country 30 USA

4. FEI Number: 65-0166156 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PUCCIO, PAUL N. 1700 EMBASSY DR STE 207 W PALM BCH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1280 N. CONGRESS AVE. SUITE 103 83 CONGRESS BUSINESS CENTER 84 City WEST PALM BCH. FL 85 Zip Code 33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MICHELLE K. PUCCIO (Signature of person whose name is entered as registered agent and title if applicable) Michelle K Puccio (MUST be Registered Agent signature required when reinstating) DATE: 4/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	PUCCIO, PAUL N	12 NAME	
STREET ADDRESS	1700 EMBASSY DRIVE, SUITE 207	13 STREET ADDRESS	1280 N. CONGRESS AVE #103
CITY ST ZIP	W. PALM BEACH FL	14 CITY ST ZIP	W. PALM BCH, FL. 33401
TITLE	VT	21 TITLE	☒ Change ☐ Addition
NAME	PUCCIO, MICHELLE K	22 NAME	
STREET ADDRESS	1700 EMBASSY DRIVE, SUITE 207	23 STREET ADDRESS	1280 N. CONGRESS AVE. #103
CITY ST ZIP	W. PALM BEACH FL	24 CITY ST ZIP	W. PALM BCH., FL. 33401
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle K Puccio MICHELLE K. PUCCIO 4/6/95 407-688-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242881 CP