

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000248

FILED
Jan 18, 2008
Secretary of State

Entity Name: MOVE ON PHILIPPINES INTERNATIONAL, INC.

Current Principal Place of Business:

9118 SPINDLETREE WAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9118 SPINDLETREE WAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 42-1656708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLIPPIN, DOREEN
9118 SPINDLETREE WAY
JACKSONVILLE, FL 32256 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANOY, KAREN
Address: 1983 DOGWOOD DRIVE
City-St-Zip: SANTA ROSA, CA 95403

Title: VTD () Delete
Name: FLIPPIN, DOREEN
Address: 9118 SPINDLETREE WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: CD () Delete
Name: MORTILLERO, FLORIDA E
Address: KATSUSHIKA-KU, 2-18-13 HIGASHI KANAMACHI
City-St-Zip: MARUTAKE BLDG.306, TOKYO,

Title: D () Delete
Name: PEREZ, VIRGILIO
Address: 3026 SHADY CREEK LANE
City-St-Zip: CORPUS CHRISTI, TX 78414

Title: PD () Delete
Name: VICENTE, WARLITO
Address: 8646 SUNNYVALE STREET N
City-St-Zip: CORDOVA, TN 38018

Title: D () Delete
Name: VICENTE, VINCENT
Address: 572 W IDA CT #1
City-St-Zip: MOUNT PROSPECT, IL 60056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CANOY, KAREN
Address: 1983 DOGWOOD DRIVE
City-St-Zip: SANTA ROSA, CA 95403

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

Title: S (X) Change () Addition
Name: ALLEN, GRACE
Address: 1691 COLINA COURT
City-St-Zip: SAN LUIS OBISPO, CA 93401

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

Title: C (X) Change () Addition
Name: VICENTE, WARLITO
Address: 13901 SUTTON PARK DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32224

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN FLIPPIN

VTD

01/18/2008

Electronic Signature of Signing Officer or Director

Date