2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N05000000248

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:	P	( ) 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:	S	( ) Delete
Name:	ALLEN, GRACE	
Address:	1691 COLINA COURT	
City-St-Zip:	SAN LUIS OBISPO, CA 93401	
Title:	D	( ) Delete
Name:	PEREZ, VIRGILIO	
Address:	3026 SHADY CREEK LANE	
City-St-Zip:	CORPUS CHRISTI, TX 78414	
Title:	C	( ) Delete
Name:	VICENTE, WARLITO	
Address:	13901 SUTTON PARK DRIVE S.	
City-St-Zip:	JACKSONVILLE, FL 32224	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 03/19/2009

Electronic Signature of Signing Officer or Director — Date