
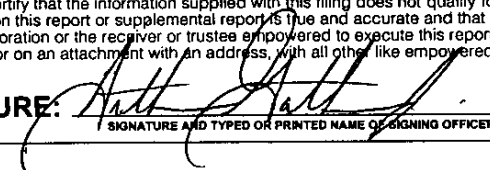


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90126 027 \*\*\*\*61.25

DOCUMENT # N94000004227					
1. Entity Name MOVERS, INC.					
Principal Place of Business 7186 N.W. 14TH PLACE MIAMI, FL 33147 US			Mailing Address 7186 N.W. 14TH PLACE MIAMI, FL 33147 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0517325	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOUTHIT, MARC ANTHONY ESQ. 550 N.E. 124TH STREET MIAMI, FL 33161			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ANDRE		NAME	Tyrone Washington	
STREET ADDRESS	7186 NW 14TH PLACE		STREET ADDRESS	7186 NW 14 PLACE	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASSITER, SHIRLENE		NAME	REV. ARTHUR GATLIN	
STREET ADDRESS	7186 N.W. 14TH PLACE		STREET ADDRESS	7186 NW 14 PLACE	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, WILLIAM		NAME	R. Mobily	
STREET ADDRESS	7186 N.W. 14TH PLACE		STREET ADDRESS	7186 NW 14 PLACE	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, DEWEY III		NAME		
STREET ADDRESS	7186 N.W. 14TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSENDORPH, DARRYL		NAME		
STREET ADDRESS	7186 N.W. 14TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ELAINE		NAME		
STREET ADDRESS	7186 N.W. 14TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
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 617, 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: 			Date: 3/22/06		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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03172006 Chg-NP CR2E037 (11/05)