## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004509

Entity Name: MOOSEHAVEN, INC.

FILED Apr 11, 2008 Secretary of State

Entity Name: MOOSEHAVEN, INC.							
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
1701 PARK ORANGE F	AVE. PARK, FL 32073	3					
Current Mailing Address:			New Mailing Address:				
1701 PARK ORANGE F	AVE. PARK, FL 32073	3					
FEI Number:	59-3268779	FEI Number Applied For ( )	El Number Not Appli	cable ( )	Certificate of Status De	sired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
1200 SOUT	ORATION SYST TH PINE ISLANI DN, FL 33324						
The above in the State		bmits this statement for the purp	ose of changing it	s registered of	fice or registered age	nt, or both,	
SIGNATUR							
	Electronic	Signature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DS () D FLEMING, JAMES 203 HILL AVENUE NORTH AURORA,	S K E	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DP () D GREENE, STEVE 4520 DUBLIN CO ROCK HILL, SC 2	N F URT	Title: Name: Address: City-St-Zip:	DP (X) SWEETMAN, RC 19 SHERYL DRI ELKTON, MD 2	VE		
Title: Name: Address: City-St-Zip:	DT () D MECH, JOSEPH F 4511 MIDDAUGH DOWNERS GROV	R AVENUE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( ) D	elete	Title: Name: Address: City-St-Zip:	DVP ( ) CAPES, JOHN A 1522 RIVER RO ORANGE PARK,	AD		

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: JOHN A. CAPES DVP 04/11/2008