

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

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005357

1. Entity Name
MOVING CURRENT INC.



Principal Place of Business
**5501 NORTH BRANCH AVENUE
TAMPA, FL 33604 US**

Mailing Address
**5501 NORTH BRANCH AVENUE
TAMPA, FL 33604 US**



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3470218

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARDINAL WRIGHT, ERIN
4833 PENNSBURY DRIVE
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARDINAL WRIGHT, ERIN
STREET ADDRESS	4933 PENNSBURY DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	HENNESSY, CYNTHIA
STREET ADDRESS	5501 NORTH BRANCH AVENUE
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	TOBIAS, LISA
STREET ADDRESS	13546 BELLINGHAM DRIVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Cynthia Hennessy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-257-0216
813-237-1894