2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2006 8:00 am Secretary of State

Mailing Address 1901 IN ESTH AVENUE 19	DOCUMENT # N9800000963 1. Entity Name THE NAT MOORE FOUNDATION, INC.					(07-25-2006	90023 014 ****	61.25
Suite, Apil, F, etc. City & State Country City Country City Country City	16911 NE 6	TH AVENUE	16911 NE 6TH AVENUE	911 NE 6TH AVENUE		4(10068	7	
City & State Country S. Certificate of Status Desired S. Certificate of S	2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Country Zip Country S. Cartificate of Status Desired \$8.75 Additional rice Required \$8.	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07102006	Chg-NP	CR2E037 (4/06	i)
Country Sip Country Sip Country Sip Country Sip Saddisonal Fee Required S8.75 Addisonal Fee Required S8.75 Addisonal Fee Required S8.75 Addisonal Fee Required See Address (P.O. Box Number is Not Acceptable)	City & State		City & State	City & State				 	
6. Name and Address of Current Registered Agent GATLIN, CHARMAINE 16911 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162 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 tamiliar with, and accept the obligations of registered agent, or both in the State of Florida. I am tamiliar with, and accept special or presentation of programmer agent and tief specials. SIGNATURE Lagrangia	Zip Country		Zip	ip Country				\$8.75	Additional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New I		
Signature: Signature: Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent			Name					
Executive Director 7-21-06 SIGNATURE Linear Annother State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. Lam familiar with, and accept the color. Lam familiar	16911 NE 6TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)			
B. 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	NORTHW	IAIVII DEAGH, FL 33102							
SIGNATURE Commark Com				City		· · · · · ·		FL Zip C	ode
SIGNATURE Linear			r the purpose of changing its re	egistered office o	r register	ed agent, or both, i	n the State of F	lorida. I am famillar wi	th, and accept
Signature, Type of primed name of inequatered agent and time 4 applicables (NOTE: Registered Agent signature required when nonstaturity) DATE	the congat	ions or registered agent.		.		,			
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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: MATMON NATMONE Directos 7/21/06 305-770-0995