2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2006 8:00 am Secretary of State DOCUMENT # P00000033949 02-10-2006 90017 014 ***150.00 1. Entity Name MOORE HEAVY EQUIPMENT, INC. Principal Place of Business Mailing Address 214 L.M. GAINES BLVD STARKE FL 32091 P O BOX 6006 STARKE FL 32091 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3663824 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOOVE CONArd ROSIER, PHYLLIS M Street Address (P.O. Box Number is Not Acceptable 214 1. M. CAINOS 100 W CALL ST STARKE FL 32091 Zin Code 32091 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent RONArd V. Moore Sr. Pres. 1-31-06 (NOTE: Repusique Agent singalure required when regulated) , s -FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MOORE, LEONARD V SR STREET ADDRESS 950 SOUTHGATE DR STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MOORE, SHIRLEY C NAME STREET ADDRESS 950 SOUTHGATE DR STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY - ST - ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change THUE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE Leonard V. Most St. Leonard V. Mourt Sr. 1-31-06

if changed, or on an attachment with an address, with all other like empowered.

FILED