

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036937

FILED
Apr 06, 2007
Secretary of State

Entity Name: MOORE & MOORE ENGINEERING, INC.

Current Principal Place of Business:

11309 RIVERHAVEN DRIVE
HOMOSASSA, FL 34448

New Principal Place of Business:

5219 S. STEVENS DR.
P. O. BOX 548
HOMOSASSA, FL 34487

Current Mailing Address:

11309 RIVERHAVEN DRIVE
HOMOSASSA, FL 34448

New Mailing Address:

P. O. BOX 548
HOMOSASSA, FL 34487

FEI Number: 59-3522982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ELAINE B
11309 RIVERHAVEN DRIVE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

MOORE, ELAINE B
5219 S. STEVENS DR.
P. O. BOX 548
HOMOSASSA, FL 34487 US

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.

SIGNATURE: ELAINE B. MOORE

04/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MOORE, MICHAEL D
Address: 11309 RIVERHAVEN DRIVE
City-St-Zip: HOMOSASSA, FL 34448

Title: DVP () Delete
Name: MOORE, ELAINE B
Address: 11309 RIVERHAVEN DRIVE
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MOORE, MICHAEL D
Address: 5219 S. STEVENS DR. P. O. BOX 548
City-St-Zip: HOMOSASSA, FL 34487

Title: DVP (X) Change () Addition
Name: MOORE, ELAINE B
Address: 5219 S. STEVENS DR. P. O. BOX 548
City-St-Zip: HOMOSASSA, FL 34487

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE B. MOORE

VP

04/06/2007

Electronic Signature of Signing Officer or Director

Date