2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036937

Entity Name: MOORE & MOORE ENGINEERING, INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current 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 New Registered Agent: Name and Address of Current Registered Agent:

MOORE, ELAINE B MOORE, ELAINE B 5219 S. STEVEN DR. 5219 S. STEVENS DR. US P. O. BOX 548 HOMOSASSA, FL 34448 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 04/23/2009

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition MOORE, MICHAEL D MOORE, MICHAEL D Name: Name: 5219 S. STEVENS DR. P. O. BOX 548 5219 S. STEVEN DR. Address: Address:

City-St-Zip: HOMOSASSA, FL 34487 City-St-Zip: HOMOSASSA, FL 34448

() Delete Title: DVP Title: DVP (X) Change () Addition Name: MOORE, ELAINE B Name: MOORE, ELAINE B

5219 S. STEVENS DR. P. O. BOX 548 Address: 5219 S. STEVEN DR Address: HOMOSASSA, FL 34487 HOMOSASSA, FL 34448 City-St-Zip: City-St-Zip:

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 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 DVP 04/23/2009