




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90064 042 ***150.00

DOCUMENT # P01000046031 1. Entity Name MOORE ARCHITECTURAL PRODUCTS, INC.					
Principal Place of Business 873 PICKFAIR TERRACE LAKE MARY, FL 32746 US				Mailing Address 873 PICKFAIR TERRACE LAKE MARY, FL 32746 US	
2. Principal Place of Business 4265 Church Street		3. Mailing Address 4265 Church Street		 05242006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. Suite 1029		Suite, Apt. #, etc. Suite 1029			
City & State Sanford, FL		City & State Sanford, FL			
Zip 32771	Country USA	Zip 32771	Country USA		
4. FEI Number 59-3722675				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, HOWARD 873 PICKFAIR TERRACE LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MOORE, HOWARD A			<input type="checkbox"/> Delete	
STREET ADDRESS 873 PICKFAIR TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP LAKE MARY, FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 607, 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:  Howard Moore				Date 8/21/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone # 407-302-9116	