

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047067

Entity Name: U-MOVE-ME, INC.

FILED  
May 24, 2005  
Secretary of State

## Current Principal Place of Business:

5200 N. FLAGLER DRIVE  
APT. # 2206  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

P.O. BOX 591  
PALM BEACH, FL 33480

## Current Mailing Address:

5200 N. FLAGLER DRIVE  
APT. # 2206  
WEST PALM BEACH, FL 33407

## New Mailing Address:

P.O. BOX 591  
PALM BEACH, FL 33480

FEI Number: 65-1108791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLYNN, THOMAS V  
5200 N. FLAGLER DRIVE  
APT. # 2206  
WEST PALM BEACH, FL 33407 US

## Name and Address of New Registered Agent:

FLYNN, THOMAS V  
P.O. BOX 591  
PALM BEACH, FL 33480 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: /S/ THOMAS V. FLYNN

05/24/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: KELLY-FLYNN, KIMBERLY  
Address: 5200 N. FLAGLER DRIVE, #2206  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete  
Name: FLYNN, THOMAS  
Address: 5200 N. FLAGLER DRIVE, #2206  
City-St-Zip: WEST PALM BEACH, FL 33407

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: KELLY-FLYNN, KIMBERLY  
Address: P.O. BOX 591  
City-St-Zip: PALM BEACH, FL 33480

Title: SD (X) Change ( ) Addition  
Name: FLYNN, THOMAS  
Address: P.O. BOX 591  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: /S/ THOMAS V. FLYNN

SD

05/24/2005

Electronic Signature of Signing Officer or Director

Date