2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P01000101170** 1. Entity Name RICHARD MOSES INC. Principal Place of Business Mailing Address P.O. BOX 1186 19551 S TAMIAMI ESTERO, FL 33928 ESTERO, FL 33928 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752155 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSES, RICHARD DO NOT WRITE 19951 S TAMIAMI TRAIL FORT MYERS, FL 33908 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be U00000925785 Trust Fund Contribution. Added to Fees 05/20/08-80039-016 150.00 10. OFFICERS AND DIRECTORS **PVST** TITLE NAME MOSES, RICHARD STREET ADDRESS 19551 S. TAMIAMI TRAIL CITY-ST-ZIP FORT MYERS, FL 33908 TITLE NAME MOSES, RICHARD STREET ADDRESS 19551 S. TAMIAMI TRAIL CITY-ST-ZIP FORT MYERS, FL 33908 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TIT1 # NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

GNATURE AND TYPED OF POINTED NAME OF BIGNING OFFICED OF DESCRI

4/23/08

1239) 777-4607

FILED