

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121971

FILED
Apr 30, 2007
Secretary of State

Entity Name: WAXING MOON ENTERPRISES INC.

Current Principal Place of Business:

254 OLIVICK STREET
PALM BAY, FL 32907

New Principal Place of Business:

Current Mailing Address:

P O BOX 1 2 0 3 6 7
WEST MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 30-0083361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKEOWN, RITA
PO BOX 120367
WEST MELBOURNE, FL 32912 US

Name and Address of New Registered Agent:

MCKEOWN, RITA
254 OLIVICK CIRCLE
PALM BAY, FL 32907 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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MCKEOWN, RITA
Address: PO BOX 120367
City-St-Zip: WEST MELBOURNE, FL 32912

Title: SE () Delete
Name: MCKEOWN, RITA
Address: PO BOX 120367
City-St-Zip: WEST MELBOURNE, FL 32912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RITA MCKEOWN

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

Date