

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121971

FILED  
Apr 24, 2008  
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 120367  
WEST MELBOURNE, FL 32912

**New Mailing Address:**

P O BOX 120367  
WEST MELBOURNE, FL 32912

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  
254 OLIVICK CIRCLE  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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:

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

04/24/2008

Electronic Signature of Signing Officer or Director

Date