FILED 2005 FOR PROFIT CORPORATION May 02, 2005 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P02000060983 1. Entity Name MOYA GROUP, INC. Principal Place of Business Mailing Address 2300 CORAL WAY, SUITE 111 3528 TRILLIUM CT MIAMI, FL 33145 TALLAHASSEE, FL 32312 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2170169 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. DO NOT WRITE 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 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 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOYA, CHRIS NAME STREET ADDRESS 3528 TRILLIUM COURT TALLAHASSEE, FL 32312 CITY-ST-75P TITLE U00000351463 05/02/05-80144-019 158.75 HALLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quality 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 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 flustee 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP