


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000062110 1. Entity Name MOONLIGHT BUSINESS SYSTEMS, INC.					
Principal Place of Business 1406 NE 15TH STREET CAPE CORAL FL 33909			Mailing Address 1406 NE 15TH STREET CAPE CORAL FL 33909		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 01-0712252			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOLNAR, DEAN A 1406 NE 15TH STREET CAPE CORAL FL 33909				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City	
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: _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
P MOLNAR, DEAN A 1406 NE 15TH STREET CAPE CORAL FL 33909			U000000452383 03/11/06-80025-002 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Dean Molnar</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/05)

FL Zip Code

U000000452383
03/11/06-80025-002 150.00

02/25/06 (239) 712-7798