
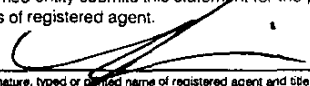



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90013 019 ***550.00

DOCUMENT # P02000127205 1. Entity Name MORE INTERNATIONAL, INC.					
Principal Place of Business 407 LINCOLN ROAD PENTHOUSE NW MIAMI BEACH, FL 33139			Mailing Address 407 LINCOLN ROAD PENTHOUSE NW MIAMI BEACH, FL 33139		
2. Principal Place of Business 1717 N. BAYSHORE DR. Suite, Apt. #, etc. # 2753			3. Mailing Address P.O. Box 190756 Suite, Apt. #, etc.		
City & State MIAMI, FL		City & State MIAMI BEACH, FL		4. FEI Number 71-0915421	
Zip 33132		Country 33119		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARDNER, MICHAEL 407 LINCOLN ROAD PENTHOUSE NW MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name SILVERMAN, MARTIN Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR. # 2753 City MIAMI FL Zip Code 33132	
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  MARTIN SILVERMAN DATE 5/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARDNER, MICHAEL 407 LINCOLN ROAD PENTHOUSE NW MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / CEO MARTIN SILVERMAN 1717 N. BAYSHORE DR # 2753 MIAMI, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5/23/06 786 276 8626		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		