2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022383

Entity Name: THE MOVE DOCTORS, INC.

FILED Feb 09, 2006 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

317 MAE CT.

490 HILLSBOROUGH STREET PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

317 MAE CT PALM HARBOR

490 HILLSBOROUGH STREET PALM HARBOR, FL 34683

PALM HARBOR, FL 34683

FEI Number: 83-0349836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BACON, DAVID A ESQ

CARTER, DAVID A P.A 2959 FIRST AVE NORTH 7419 U.S. HIGHWAY 19

ST PETERSBURG, FL 33713 NEW PORT RICHEY, FL 34652 US 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: DAVID R. CARTER, P.A. 02/09/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GLEICHOWSKI, DANIEL E PRES

490 HILLSBOROUGH STREET

(X) Change () Addition

Title: () Delete HERRON, ALAN Name: 317 MAE COURT Address:

City-St-Zip: PALM HARBOUR, FL 34683

Title: ОТ () Delete HERRON, ALAN Name: 317 MAE COURT Address:

PALM HARBOUR, FL 34683 City-St-Zip:

() Delete Title: DV HERRON, DENISE Name: 317 MAE COURT Address:

City-St-Zip: PALM HARBOUR, FL 34683

Title: DS (X) Delete HERRON, DENISE Name:

Address: 317 MAE COURT City-St-Zip: PALM HARBOUR, FL 34683

City-St-Zip: PALM HARBOR, FL 34683 US Title: VΡ (X) Change () Addition Name: JIMERSON, ROBERT VP 1344 DARTFORD COURT Address: TARPON SPRINGS, FL 34688 US City-St-Zip:

Title: (X) Change () Addition GLEICHOWSKI, JUSTIN E TR Name: 1436 TAWNYBERRY COURT Address: City-St-Zip: TRINITY, FL 34655 US

Title: () Change () Addition

Name: Address: City-St-Zip:

Title:

Name:

Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL E. GLEICHOWSKI **PRES** 02/09/2006