## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000022752

City-St-Zip:

ALTAMONTE SPRINGS, FL 32714 US

FILED Jan 13, 2006 Secretary of State

Entity Nai	me: BLUE M	OON SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
749 FLEET FINANCIAL COURT, #1005 LONGWOOD, FL 32750				240 OLD SANFORD OVIEDO RD WINTER SPRINGS, FL 32708	
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
749 FLEET FINANCIAL COURT, #1005 LONGWOOD, FL 32750				240 OLD SANFORD OVIEDO RD WINTER SPRINGS, FL 32708	
FEI Number	: 06-1680002	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
KAMHI, ALBERT 749 FLEET FINANCIAL COURT, #1005 LONGWOOD, FL 32750 US				KAMHI, ALBERT 240 OLD SANFORD OVIEDO RD WINTER SPRINGS, FL 32708 US	
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: ALBERT	KAMHI		01/13/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KAMHI, ALBE	IR LANDING WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KAMHI, PATRI	IR LANDING WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	O ( LAVALLE, PEG 642 BONIVIEV		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: ALBERT KAMHI **PRES** 01/13/2006