

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000063792

1. Entity Name
MOVING WORX, INC.



Principal Place of Business
3040 GULF TO BAY BLVD.
CLEARWATER, FL 33759

Mailing Address
3040 GULF TO BAY BLVD.
CLEARWATER, FL 33759

FILED

07 MAR -2 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0210559	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMONT, DAVID A ESQ.
3040 GULF TO BAY BLVD.
CLEARWATER, FL 33759

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

500092277655
03/12/07--01017--010 **3961.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONGELLUZZI, FRANK
STREET ADDRESS 30750 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE STD
NAME MONGELLUZZI, ANNE
STREET ADDRESS 30750 U.S. HIGHWAY 19 NORTH
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Frank Mongelluzzi 2/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 05 2007