


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90252 034 ***158.75

DOCUMENT # P03000120881	
1. Entity Name MOORE INTERCONNEX, INC.	

Principal Place of Business 5200 75 STREET N ST PETERSBURG, FL 33709	Mailing Address 5200 75 STREET N ST PETERSBURG, FL 33709
--	--

2. Principal Place of Business - No P.O. Box # 4000 HUNTINGTON ST. NE	3. Mailing Address 4000 HUNTINGTON ST. NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

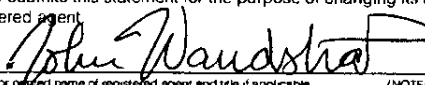
City & State St. Petersburg FL	City & State St. Petersburg, FL
Zip 33703	Zip 33703
Country USA	Country USA



04032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0367901		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOORE, MICHAEL L 5200 75 STREET N ST PETERSBURG, FL 33709		
7. Name and Address of New Registered Agent Name JOHN WANDSTRAT Street Address (P.O. Box Number is Not Acceptable) 4000 HUNTINGTON ST. NE City St. Petersburg FL Zip Code 33703		

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.

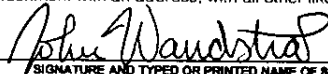
SIGNATURE  **JOHN WANDSTRAT** DATE **4-17-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOORE, MICHAEL L 5200 75 STREET N ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOHN WANDSTRAT 4000 HUNTINGTON ST. NE St. Petersburg, FL 33703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WANDSTRAT, JOHN M 4000 HUNTINGTON ST NE SAINT PETERSBURG, FL 33703 <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	S FRANKLIN, JANIS K 5200 75 STREET N ST PETERSBURG, FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN WANDSTRAT 4000 HUNTINGTON ST. NE St. Petersburg, FL 33703 <input checked="" 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
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

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:  **JOHN WANDSTRAT** P,VP,T,S DATE **4-17-07** (727)547-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR