2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 11, 2008 08:00 AN Secretary of State **DOCUMENT # P03000143084** PATRICK J. MOREN, INC. Principal Place of Business Mailing Address 1218 SUN CIRCLE E. 1218 SUN CIRCLE E. MELBOURNE, FL 32935 MELBOURNE, FL 32935 CR2E034 (11/05) 02022008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 77-0621627 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MOREN, PATRICK J 1218 SUN CIRCLE EAST MELBOURNE, FL 32935 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 Rorida. I am familiar with, and accept the obligations of registered agent (NOTE: Fleoretered Agent signature required when reinstating Signature, typed or conted name of recistered agent and 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE MOREN, PATRICK J NAME STREET ADDRESS 1218 SUN CIR E MELBOURNE, FL 32935 City-St-ZIP U000000822341 DTLE NAME 02/19/08-80064-004/150:00 STREET ADDRESS CITY-ST-7IP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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

FILED