


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000016739		
1. Entity Name MOORE CONSTRUCTION TEAM INC.		
Principal Place of Business 512 FLAMINGO DR. APOLLO BEACH, FL 33572 US		Mailing Address 512 FLAMINGO DR. APOLLO BEACH, FL 33572 US

FILED
06 JUL 31 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 568 Honda Cr. South		3. Mailing Address P.O. Box 3406	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apollo Beach, FL 33572		City & State Apollo Beach, FL 33572	
Country Hillsborough		Country Hillsborough	
4. FEI Number 41-2123449		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, TIFFANY 512 FLAMINGO DR. APOLLO BEACH, FL 33572		7. Name and Address of New Registered Agent Name Tiffany Moore Street Address (P.O. Box Number is Not Acceptable) 568 Honda Cr. South City Apollo Beach FL 33572	
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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: *Tiffany Moore* Tiffany Moore July 27, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, TIFFANY L 512 FLAMINGO DR. APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900079486429 08/08/06--01067--008 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, MATTHEW T 512 FLAMINGO DR. APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/28/06</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASS, DEONTA L 512 FLAMINGO DR. APOLLO BEACH, FL 33572 <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	V SIMMERS, NATHAN T 512 FLAMINGO DR. APOLLO BEACH, FL 33572 <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: *Tiffany Moore* 7/27/06 813-641-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #