

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018380

Entity Name: FULLMOONCARE, INC.

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

2781 S.W. 32ND CT.
MIAMI, FL 33133

New Principal Place of Business:

13478 SUMMER RAIN DR
ORLANDO, FL 32828

Current Mailing Address:

2781 S.W. 32ND CT.
MIAMI, FL 33133

New Mailing Address:

13478 SUMMER RAIN DR
ORLANDO, FL 32828

FEI Number: 20-0711765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIDEN, RICARDO
2781 S.W. 32ND CT.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

OLIDEN, RICARDO
13478 SUMMER RAIN DR
ORLANDO, FL 32828 US

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.

SIGNATURE:

05/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLIDEN, RICARDO
Address: 2781 S.W. 32ND CT.
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLIDEN, RICARDO
Address: 13478 SUMMER RAIN DR
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: RICARDO OLIDEN

PD

05/03/2005

Electronic Signature of Signing Officer or Director

Date