2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000030873

1. Entity Name
BOYDEN MOORE, INC

Principal Place of Business	Mailing Address
3800 S OCEAN DR 1702 HOLLYWOOD, FL 33019	3800 S OCEAN DR 1702 HOLLYWOOD, FL 33019

01082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
83-0385012	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT, BRODEUR
3800 S OCEAN DR
1702
HOLLYWOOD, FL 33019

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	02/28/06-80009-021 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	BRODEUR, ROBERT	
STREET ADDRESS	3800 S OCEAN DR # 1702	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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IN THIS SPACE

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: _Robert Brodeur_   ROBERT BRODEUR   2/4/6   786 236-2167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #