

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000054220</b>		
1. Entity Name MOONWALKS- R -US INC.		
Principal Place of Business 5070 VARTY RD WINTER HAVEN, FL 33884 US		Mailing Address 5070 VARTY RD WINTER HAVEN, FL 33884 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		03022006 No Chg-P CR2E034 (11/05)
		4. FEI Number 42-1626024
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  STRICKLAND, KRISTEN M 5070 VARTY RD WINTER HAVEN, FL 33884		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000520035 05/02/06-80079-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	STRICKLAND, KRISTEN M	
STREET ADDRESS	5070 VARTY RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VP	
NAME	STRICKLAND, DARREN P	
STREET ADDRESS	5070 VARTY RD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		
NAME		
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 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Kristen M. Strickland</i> President		3/2/06 162-324-0020
KRISTEN M STRICKLAND		