


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000080806**

1. Entity Name  
**MORACTIVE SOLUTIONS, INC.**



Principal Place of Business      Mailing Address

**1936 BRUCE B DOWNS BLVD #302**      **1936 BRUCE B DOWNS BLVD #302**  
**WESLEY CHAPEL, FL 33543**              **WESLEY CHAPEL, FL 33543**

**DO NOT WRITE IN THIS SPACE**



03212006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**20-1150942**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SPINNER, CHARLES S JR ESQ**  
**8909 REGENTS PARK DRIVE STE 405**  
**TAMPA, FL 33647**

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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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORA, RAUL F
STREET ADDRESS	34842 MISSIONARY ROAD
CITY-ST-ZIP	DADE CITY, FL, 33525
TITLE	D
NAME	MORA, JEROMY L
STREET ADDRESS	27903 BREAKERS DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D
NAME	MORA, NICHOLAS R
STREET ADDRESS	27903 BREAKERS DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/10/06-80096-011 150.00

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 titles empowered.

SIGNATURE: Nicholas R. Mora    Nicholas R. Mora    4/25/06    (352) 518-9709

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