2007 FOR PROFIT CORPORATION

FILED Apr 05, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P04000092495** LORD'S QUICK & CHEAP MOVING, INC. Principal Place of Business Mailing Address 12375 S. MILITARY TRAIL 12375 S. MILITARY TRAIL LOT 105 LOT 105 BOYTON BEACH, FL 33436 BOYTON BEACH, FL 33436 No Chg-P CR2E034 (11/05) 01222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 33-1094118 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STONE, JACK DO NOT WRITE 12375 SOUTH MILITARY TRAIL LOT 105 IN THIS SPACE BOYNTON BEACH, FL 33436 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. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** TITLE NAME STONE, JACK STREET ADDRESS 12375 SOUTH MILITARY TRAIL, LOT 105 CITY+ST-7IP BOYNTON BEACH, FL 33436 U00000690319 04/11/07-80072-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE

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 supplementally export 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 trusfee 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 an other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP

> SIGNATI D TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Daytime Phone #