


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90232 036 \*\*\*150.00

<b>DOCUMENT # P04000127088</b>	
1. Entity Name <b>MORENO VALLEY PROPERTIES, INC.</b>	

Principal Place of Business <b>616 PALM HARBOR BLVD. SUITE 301 PALM HARBOR, FL 34683</b>	Mailing Address <b>616 PALM HARBOR BLVD. SUITE 301 PALM HARBOR, FL 34683</b>
---	---

**60001915**



2. Principal Place of Business <b>1108 NEBRASKA AVE. SUITE 226</b>	3. Mailing Address <b>1108 NEBRASKA AVE. SUITE 226</b>
---	---

01132006 Chg-P CR2E034 (11/05)

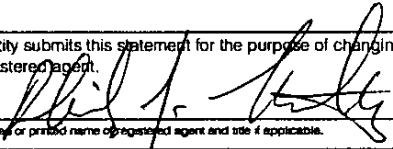
City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>
Zip <b>34683</b>	Zip <b>34683</b>
Country	Country

4. FEI Number <b>20-1712029</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>FITZPATRICK, PHILIP J 616 PALM HARBOR BLVD. SUITE 301 PALM HARBOR, FL 34683</b>	
---	--

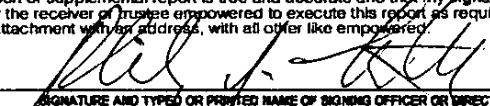
7. Name and Address of New Registered Agent Name <b>1108 NEBRASKA AVE. SUITE 226 PALM HARBOR FL 34683</b>	
---	--

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 	DATE <b>1-13-06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>FITZPATRICK, PHILIP J</b>	
STREET ADDRESS <b>616 PALM HARBOR BLVD., SUITE 301</b>	
CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>1108 NEBRASKA AVE. SUITE 226</b>	
CITY-ST-ZIP <b>PALM HARBOR, FL 34683</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	DATE <b>1-13-06</b> DAYTIME PHONE # <b>727-787-7689</b>