

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90070 039 \*\*\*150.00

<b>DOCUMENT # P04000148103</b> 1. Entity Name <b>KITT MORAN, INC.</b>					
Principal Place of Business <b>2931 S. CRANBERRY BLVD.</b> <b>NORTH PORT, FL 34286</b> <i>AS OF 5-2-05:</i>			Mailing Address <b>2931 S. CRANBERRY BLVD.</b> <b>NORTH PORT, FL 34286</b> <i>AS OF 5-2-05:</i>		
2. Principal Place of Business <b>Kitt Moran, Inc.</b> <b>1336 Creek Nine Drive</b> <b>North Port, Florida 34287</b>			3. Mailing Address <b>Kitt Moran, Inc.</b> <b>1336 Creek Nine Drive</b> <b>North Port, Florida 34287</b>		
City & State <b>North Port, Florida 34287</b>			City & State <b>North Port, Florida 34287</b>		
Zip <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>22 380 4409</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MORAN, MICHAEL</b> <b>2931 S. CRANBERRY BLVD.</b> <b>NORTH PORT, FL 34286</b> <i>May 2, 2005</i>			7. Name and Address of New Registered Agent Name <b>MORAN, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1336 Creek Nine Drive</b> <b>North Port, Florida 34287</b> City <b>FL</b> Zip Code <b>34287</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 <i>Michael Moran</i> DATE <b>4-13-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MORAN, KATHLEEN M</b> <b>2931 S. CRANBERRY BLVD.</b> <b>NORTH PORT, FL 34286</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>K. &amp; M. Moran</b> <b>1336 Creek Nine Drive</b> <b>North Port, Florida 34287</b> <i>(as of 5-2-05)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>MORAN, MICHAEL</b> <b>2931 S. CRANBERRY BLVD.</b> <b>NORTH PORT, FL 34286</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>K. &amp; M. Moran</b> <b>1336 Creek Nine Drive</b> <b>North Port, Florida 34287</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Kathleen M. Moran</i> <b>April 13 2005</b> <b>9414291506</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					