
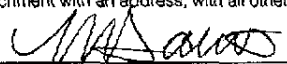


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000153566 1. Entity Name MOXIE TM INC.		
Principal Place of Business 43 AVENUE C, APT. 2A NEY YORK, NY 10009		Mailing Address 3670 OLD TOWN ROAD BRIDGEPORT, CT 06606
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent VASERSTEIN, GILDA 2910 SHERIDAN AVENUE MIAMI BEACH, FL 33140		DO NOT WRITE IN THIS SPACE
6. 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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000548963 05/13/06-80001-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, MICHELLE 3670 OLD TOWN ROAD BRIDGEPORT, CT 06606	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASERSTEIN, TAMMY 43 AVENUE C, APT. 2A NEY YORK, NY 10009	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASERSTEIN, GILDA 2910 SHERIDAN AVENUE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		X 4/26/06 X 203 273 2316 Date Daytime Phone n