2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

1. Entity Name MOONTAC, INC.			04-13-200	05 90041 012 ***150.00	
Principal Place of Business ZZO7 Mailing Address ZZO7 Saw Palma: 627 CEDAR BEND CIRCLE Saw Palmettoin 629 CEDAR BEND CIRCLE Apt 102 201 201 201 201 201 201 201 201 201			4002428		
ORLANDO, FL 32825 US Orlando (NEL 32					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04062005 Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Number 20 - 19098	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desire	Fee Required	
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent Name		
PATEL, ANUP 627 CEDAR BEND CIRCLE Anup Patel 2207 Saw Polymetin Lane		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
201 ODLANDO EL 22025	Apt 102 ando, Plojida 32825				
	no la companya de la companya della companya della companya de la companya della	City		FL Zip Code	
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 Signature, typed or punted name of legistery agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 11 Change Addition	
NAME PATEL, ANUP		NAME STREET ADDRESS		_ orange	
CITY-ST-ZIP ORLANDO, FL 32825 CITY		CITY-ST-ZIP			
NAME AND IN		TITLE NAME		☐ Change ☐ Addition	
CITY-ST-ZIP Olambo C 3	Orlando Fr 32825 cm				
TITLE	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP		·	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		·	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS		NAME STREET ADDRESS			
TITLE .	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	v _ /.	NAME Street address			
CITY-ST-ZIP	th this filling last	CITY-ST-ZIP ·	Costing 110 07/0//) Florido Co		
12. I hereby certify that the information supplied with this filling does to 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 their eceiver or trustee empowered to abecute 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 their like empowered.					
SIGNATURE: 04.07.2001 407 402 9191					