2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 06, 2006 08:00 AM Secretary of State DOCUMENT # P04390 MOORE & MOORE GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 530 SOUTH BROADWAY PO BOX 1517 LAPORTE, TX 77572 LAPORTE, TX 77572 US No Chg-P 01092006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 74-1591945 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD #250 IN THIS SPACE PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and titls if applicable (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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MOORE, BRYAN JR NAME STREET ADDRESS 530 S. BROADWAY CITY-S7-ZIP LAPORTE, TX 77571 STD TITLE U0000453118 83717/86-90032-817 158.80 MOORE, DAVID NAME STREET ADDRESS 530 S. BROADWAY CITY -ST-ZDP LAPORTE, TX 77571 TITLE NAME MOORE, ANN STREET ADDRESS 530 S. BROADWAY DO NOT WRITE CITY-ST-ZIP LAPORTE, TX 77571 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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.

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SIGNATURE:

CITY-ST-ZIP

NAME STREET AODRESS CITY-ST-ZIP

ANN MOORE

19/de 281-604-0532

FILED