2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 03, 2008 08:00 A Secretary of State **DOCUMENT # P05000046507** MOON LIGHT FINISHINGS INC Principal Place of Business Mailing Address 26 PEPPER DR 26 PEPPER DR JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-2042919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARINEAU, JOSEPH DO NOT WRITE 3560 NE INDIAN RIVER DR. JENSEN BEACH, FL 34957 IN THIS SPACE 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be HDDDDDB44954 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FARINEAU, JOSEPH 26 PEPPER DR STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED