

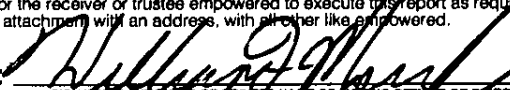


FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000118395				Feb 15, 2008 08:00 Secretary of State	
1. Entity Name REEF MADNESS ENTERPRISES, INC.					
Principal Place of Business 170 GODFREY RD. EDGEWATER, FL 32141		Mailing Address 170 GODFREY RD. EDGEWATER, FL 32141			
DO NOT WRITE IN THIS SPACE					
		02112008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 20-3378500		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORIARTY, WILLIAM F 170 GODFREY RD. EDGEWATER, FL 32141		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORIARTY, WILLIAM F 170 GODFREY RD. EDGEWATER, FL 32141	<div>U00000828648 02/26/08-80009-014 150.00</div> DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORIARTY, DONNA M 170 GODFREY RD. EDGEWATER, FL 32141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORIARTY, STEVEN W 170 GODFREY RD. EDGEWATER, FL 32141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORIARTY, CHRISTINA A 170 GODFREY RD. EDGEWATER, FL 32141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		2/12/08 (305) 283-7687 <small>Date Daytime Phone #</small>			