2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P05000124513

Entity Name: MOONRAKER ACQUISITIONS, CORP.

Current Principal Place of Business:

360 GRECO AVENUE
102
CORAL GABLES, FL 33146 US

New Principal Place of Business:

1901 BRICKELL AV
PH10B
MIAMI, FL 33129 US

Current Mailing Address:

360 GRECO AVENUE
102
CORAL GABLES, FL 33146 US

New Mailing Address:

PO BOX 330537
MIAMI, FL 33129 US

FEI Number: 20-3455820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EKONOMOU, NICHOLAS E
360 GRECO AVENUE
102
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

EKONOMOU, NICHOLAS E
1901 BRICKELL AVE
PH10B
MIAMI, FL 33129 US

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.

SIGNATURE: NICHOLAS E. EKONOMOU 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146

Title: SEC (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146

Title: TRES (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR (X) Delete
Name: EKONOMOU, NICHOLAS E
Address: 360 GRECO AVENUE, SUITE # 102
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVP (X) Change ( ) Addition
Name: EKONOMOU, NICHOLAS E
Address: 1901 BRICKELL AV
City-St-Zip: MIAMI, FL 33129 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS E. EKONOMOU P 04/26/2007
Electronic Signature of Signing Officer or Director Date