2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125407

Entity Name: MORE SERVICES INVESTMENTS CORP.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5950 W. OAKLAND PARK BLVD. #105 5950 W. OAKLAND PARK BLVD. #101

LAUDERHILL, FL 33313 LAUDERHILL, FL 33313

Current Mailing Address: New Mailing Address:

P O BOX 190224

FORT LAUDERDALE, FL 33319

FEI Number: 36-4578759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LINDSAY, DEXTON LINDSAY, DEXTON

5950 W. OAKLAND PARK BLVD 5950 W. OAKLAND PARK BLVD

FORT LAUDERDALE, FL 33313 US FORT LAUDERDALE, FL 33313 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: DEXTON LINDSAY 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MATTHEWS, WINSOME MATTHEWS, WINSOME Name: Name: Address: Address:

5950 W.OAKLAND PARK BLVD. # 105 5950 W.OAKLAND PARK BLVD. # 101 City-St-Zip: FORT LAUDERDALE, FL 33313 City-St-Zip: FORT LAUDERDALE, FL 33313

Title: DIR Title: () Change () Addition () Delete

Name: LINDSAY, DEXTON Name: P O BOX 190224 Address: Address: FORT LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: DEXTON LINDSAY 05/01/2009