
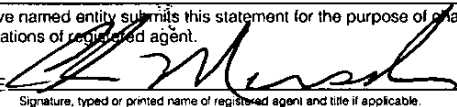
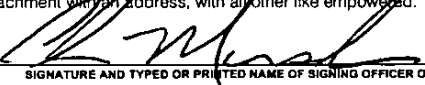


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90038 033 ***158.75

DOCUMENT # P05000150245 1. Entity Name CHRIS-MOE ,INC.					
Principal Place of Business 1137 ST. NICHOLAS AVENUE CHRISTMAS, FL 32709-8874 US			Mailing Address 24708 EAST COLONIAL DRIVE CHRISTMAS, FL 32709 US		
2. Principal Place of Business 24363 EAST Colonial Dr		3. Mailing Address P.O. Box 115			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CHRISTMAS Florida		City & State CHRISTMAS Florida		4. FEI Number 57-1234667	
Zip 32709-9788		Country ORANGE		Applied For <input type="checkbox"/> Not Applicable	
Zip 32709-0115		Country ORANGE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSCH, CHRISTOPHER L 1137 ST. NICHOLAS AVE CHRISTMAS, FL 32709			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  DATE: 4/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUSH, CHRISTOPHER L 1137 ST. NICHOLAS AVENUE CHRISTMAS, FL 32709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 without address, with all other like empowered.					
SIGNATURE: 		Date: 4/30/06 Daytime Phone #			