

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

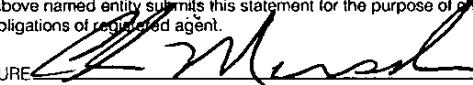
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DOCUMENT # P05000150245		
1. Entity Name CHRIS-MOE ,INC.		

Principal Place of Business 1137 ST. NICHOLAS AVENUE CHRISTMAS, FL 32709-8874 US	Mailing Address 24708 EAST COLONIAL DRIVE CHRISTMAS, FL 32709 US
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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		
Zip 32709-9788	Country ORANGE	Zip 32709-0115	Country ORANGE
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 FL Zip Code	

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  4/30/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  4/30/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #