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	Mailing Address
1137 ST. NICHOLAS AVENUE CHRISTMAS, FL 32709-8874 US	24708 EAST COLONIAL DRIVE CHRISTMAS, FL 32709 US

04162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
24363 EAST Colonial Dr	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

4. FEI Number: 57-1234667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUSCH, CHRISTOPHER L 1137 ST. NICHOLAS AVE CHRISTMAS, FL 32709	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: C Musch 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. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: C Musch 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #