

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064587

Entity Name: KEEPONMOVIN, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

6117 SHAKESPEARE DRIVE
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

6117 SHAKESPEARE DRIVE
JACKSONVILLE, FL 32244 US

New Mailing Address:

P.O. BOX 7008
JACKSONVILLE, FL 32238 US

FEI Number: 01-0867440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGERSON, DORIS A
6117 SHAKESPEARE DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: _____

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:

Title: CFO () Delete
Name: EDGERSON, DORIS A
Address: 6117 SHAKESPEARE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: CEO (X) Delete
Name: EDGERSON, DEBRA A
Address: 259 NORTH CAPITOL; BLDG.1
City-St-Zip: SAN JOSE, CA 95127 US

Title: VP (X) Delete
Name: WRIGHT, GREGORY K
Address: 6117 SHAKESPEARE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP (X) Delete
Name: TAYLOR, JAMES H
Address: 1221 NOTTINGHAM DRIVE
City-St-Zip: MALVERN, AR 72104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: EDGERSON, DORIS A
Address: 6117 SHAKESPEARE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 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:

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.

SIGNATURE: DORIS EDGERSON

CEO

09/05/2007

Electronic Signature of Signing Officer or Director

Date