

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138783

FILED
Apr 23, 2008
Secretary of State

Entity Name: OVER THE MOON EVENTS, INC.

Current Principal Place of Business:

121 N HIGHLAND AVE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

121 N HIGHLAND AVE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 56-2643250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMICH, JAMES L ESQ
621 E FIFTH AVE
MOUNT DORA, FL 32757 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEAVER, BARBARA J
Address: 245 W SEMINOLE AVE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: PYLES, CONNIE
Address: 245 W SEMINOLE AVE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARNER, BARBARA J
Address: 1603 NORMANDY DRIVE
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change () Addition
Name: DANNER, CYNTHIA
Address: 1209 MARTIN STREET
City-St-Zip: WINSTON-SALEM, NC 27103

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: BARBARA WARNER

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date