

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138783

FILED  
Apr 30, 2009  
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:

1603 NORMANDY DRIVE  
MOUNT DORA, FL 32757

## Current Mailing Address:

121 N HIGHLAND AVE  
MOUNT DORA, FL 32757

## New Mailing Address:

P.O. BOX 382  
MOUNT DORA, FL 32756

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: WARNER, BARBARA J  
Address: 1603 NORMANDY DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ELLIS, SUZAN  
Address: 3920 LAKE ELEANOR DRIVE  
City-St-Zip: MOUNT DORA, FL 32757

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

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date