

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90053 027 ***150.00

DOCUMENT # P06000139918 1. Entity Name MOONLIGHT TECHNOLOGY, INC.			
Principal Place of Business 5510 JONQUIL COURT BLDG. 1 - SUITE 202 NAPLES, FL 34109		Mailing Address 5510 JONQUIL COURT BLDG. 1 - SUITE 202 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 1000 MORNING-SIDE DRIVE		3. Mailing Address 1000 MORNING-SIDE DRIVE	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34103-3344		Zip 34103-3344	
Country USA		Country USA	
4. FEI Number 56-2623946		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCO, ROSE MARIA C 5510 JONQUIL COURT BLDG. 1 - SUITE 202 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name ROSA MARIA CABRERA BLANCO Street Address (P.O. Box Number is Not Acceptable) 1000 MORNING-SIDE DRIVE City NAPLES FL 34103-3344	
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. ROSA MARIA CABRERA BLANCO SIGNATURE: 3-26-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BLANCO, ROSA MARIA 5510 JONQUIL COURT, BLDG. 1-SUITE 202 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROSA MARIA CABRERA BLANCO 1000 MORNING-SIDE DRIVE NAPLES, FLORIDA 34103-3344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD BALLARD, MADELYN H P.O. BOX 1852 DUNNELLON, FL 344301852 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROSA MARIA CABRERA BLANCO 3-26-2008 (238) 877-6057		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	