


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P06383
 1. Entity Name
MOFFATT & NICHOL, INC.



Principal Place of Business
320 GOLDEN SHORE #300 LONG BEACH, CA 90802 US

Mailing Address
P O BOX 22648 LONG BEACH, CA 90801-648 US



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-1951343

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	RELLAFORD, TIMOTHY J
STREET ADDRESS	320 GOLDENSHORE, #300
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	P
NAME	NICHOL, ROBERT D
STREET ADDRESS	320 GOLDEN SHORE ST 300
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	VP
NAME	LESNIK, JOHN
STREET ADDRESS	320 GOLDEN SHORE ST 300
CITY-ST-ZIP	LONG BEACH, CA 90802
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/05-80027-015 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Timothy Rellaford 7/27/05 902-500-6502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #