
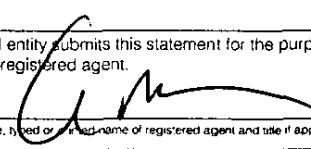
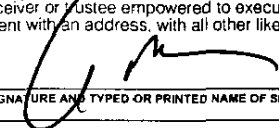


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90050 010 ***150.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P07000049294 1. Entity Name MOORE REALTY GROUP, INC. | |  | |
| Principal Place of Business 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953 | | Mailing Address 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953 | |
| 2. Principal Place of Business - No P.O. Box # 718 SW Port St Lucie Blvd Suite, Apt. #, etc. 8 | | 3. Mailing Address 718 SW Port St. Lucie Blvd Suite, Apt. #, etc. 8 | |
| City & State Port St. Lucie, FL Zip 34953 | | City & State Port St. Lucie, FL Zip 34953 | |
| 4. FEI Number 45-0562241 | | 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 MOORE, ALBERT B ESQ. 718 SW PORT ST. LUCIE BLVD., SUITE 5 PORT ST. LUCIE, FL 34953 | | 7. Name and Address of New Registered Agent Name Moore, Albert B Street Address (P.O. Box Number is Not Acceptable) 718 SW Port St. Lucie Blvd Suite 8 City Port St. Lucie FL Zip Code 34953 | |
| 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  DATE 4-15-08 <small>Signature, in ink or typed 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Moore, Albert B 718 SW Port St Lucie Blvd, Suite 8 Port St. Lucie, FL, 34953 |
| 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 |
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| 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 supplement 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:  | | Date 4-15-08 Daytime Phone # 772-878-8325 | |