


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000027448
 1. Entity Name
 MOTION MAKER, INC.



Principal Place of Business Mailing Address
 1403 MALDONADO DR 1403 MALDONADO DR
 PENSACOLA BEACH, FL 32561 PENSACOLA BEACH, FL 32561

DO NOT WRITE IN THIS SPACE



05092005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3239224 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DUPUIS, STEVE
 1403 MALDONADO DR
 PENSACOLA BEACH, FL 32561

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUPUIS, STEVE
STREET ADDRESS	1403 MALDONADO DR
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Date: 23 JUN 2005 Daytime Phone #: 850 712 9187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR