## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000033038

Title:

Name:

Address:

City-St-Zip:

Entity Name: THE MOON UNDER WATER, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:				New Principal Pl	New Principal Place of Business:		
	VENUE NORT	Ή		2023 1ST AVENU			
SUITE 130 ST. PETER	SBURG, FL 33	3713	US	ST. PETERSBUR	G, FL 33713	US	
Current Mailing Address:				New Mailing Add	New Mailing Address:		
3160 5TH A	VENUE NORTH			2023 1ST AVENU	E NORTH		
SUITE 130 ST. PETER	JITE 130 ST. PETERSBURG, F T. PETERSBURG, FL 33713 US					US	
FEI Number:	65-0508737	FEI Nur	nber Applied For()	FEI Number Not Applicable (	) Certifica	ate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Addre	Name and Address of New Registered Agent:		
	ZEN PLACE	US					
The above in the State		ıbmits t	his statement for the pu	rpose of changing its regis	tered office or r	egistered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				nt	Date		
Election Cam	paign Financing <sup>-</sup>	Trust Fu	nd Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () E LUCAS, ALAN 9403 SARAZEN F PALMETTO, FL			Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () C LUCAS, SUZANN 9403 SARAZEN F PALMETTO, FL	PLACE		Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	D () C STEVENSON, PH 4 SECOND AVE SINGAPORE 102			Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN LUCAS D 04/30/2008

() Delete

STEVENSON, ÉLIZABETH A

4 SECOND AVE

SINGAPORE 1026,

() Change () Addition