

FILED
Jan 23, 2006 08:00 AM
Secretary of State

Principal Place of Business
1106 S.W. 17TH AVENUE
CAPE CORAL, FL 33914

4106 S.W. 17TH AVENUE
CAPE CORAL, FL 33914

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0572829	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, CHERYL
1106 SW 17TH AVE
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

000000397816
01/30/06-80066-003 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	DP
LAST	MOORE, CHERYL A
FIRST ADDRESS	4106 S.W. 17TH AVENUE
CITY-STATE-ZIP	CAPE CORAL, FL

NAME	DV
LAST NAME	MOORE, DAVID J
STREET ADDRESS	4106 S.W. 17TH AVENUE
CITY - ST - ZIP	CAPE CORAL, FL

NAME _____
 STREET _____
 CITY _____
 STATE _____
 ZIP _____

FILE
1972
100-85501-100

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____

03143
NAME
PHONE ADDRESS
CITY STATE ZIP

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IN THIS SPACE**

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: Chou I. Macaul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-6 234-945-7157
Date Daytime Phone #