


**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90103 014 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000011149**

1. Corporation Name

**BLUE MOON SPIRITUAL ACCESSORIES, INC.**

Principal Place of Business

1560 NW 99 AVENUE  
PLANTATION FL 33322

Mailing Address

1560 NW 99 AVENUE  
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

2. Principal Place of Business

21 1876 N. University Dr.  
Suite, Apt. #, etc.

22 201 M

23 Plantation, FL

24 33322 25

2a. Mailing Address

26 1876 N. University Dr.  
Suite, Apt. #, etc.

27 201 M

28 Plantation, FL

29 33322 30

4. FEL Number

650825953

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, FRAN  
1560 NW 99 AVENUE  
PLANTATION FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEP  
DAVIS, FRAN  
1560 NW 99 AVENUE  
PLANTATION FL 33322TITLE ☒ DELETEST  
CERULLO, ETHEL  
1560 NW 99 AVENUE  
PLANTATION FL 33322TITLE ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ AdditionST  
Ethel Cerullo  
2072 N. University Dr.  
Pembroke Pines, FL 330243.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 954-476-8228  
Date Daytime Phone #

CR2E034 (1/98)