


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000037754 1. Entity Name MOORE ENGRAVING CRAFTS, INC.	
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Principal Place of Business 4242 SOUTH WEST 64TH AVENUE DAVIE, FL 33314	Mailing Address 4242 SOUTH WEST 64TH AVENUE DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0900680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**MOORE, CHARLES
7791 NW 35TH STREET
HOLLYWOOD, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

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	000000328618 02/26/08-80008-014 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, CHARLES A 7791 N.W. 35TH STREET HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, BEATRICE C 7791 N.W. 35TH STREET HOLLYWOOD, FL 33024
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IN THIS SPACE**

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 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: Charles A. Moore **CHARLES A. MOORE** 2/13/08 954/583-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #