2006 FOR PROFIT CORPORATION

FILED Jul 31, 2006 08:00 AN Secretary of State

ANNU 🛬 ANNU	JAL REPORT -				
DOCUMENT # P98000 1. Entity Name DALE MOORE ENTERPRISE, I					
Principal Place of Business 600 CONRAD CT. ALTAMONTE SPRINGS, FL 32701	Mailing Address 600 CONRAD CT. ALTAMONTE SPRINGS, FL 32701				

BO CONRAD CT. ALTAMONTE SPRINGS, FL 32701 DO NOT WRITE IN THIS SPACE O7282006 No Chg-P CR2E034 (11/05)	DALE	ORE ENTERPRISE, INC.						
DO NOT WRITE IN THIS SPACE 4. FEI Number S9-3510549 No. ChgP CR2E034 (11/05) 4. FEI Number S9-3510549 No. ChgP Nov. Applied For S9-3510549 Nov. Applied For S9-3510549 No. ChgP Nov. Applied For S9-3510549 Nov. Applied For S9-3510549 Nov. Applied For S9-3510549 Nov. Applied For S9-3510549 No. ChgP Nov. Applied For S9-3510549 Nov. Applied For S9-3510549 No. ChgP Nov. Applied For No. ChgP Nov. Applied For	600 CONRAD CT. 600 CONRAD CT.							
5. Certificate of Status Desired \$8.75 Acidithonal Face Required 6. Name and Address of Current Registered Agent MOORE, DALE 600 CONRAD CT. ALTAMONTE SPRINGS, FL 32701 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 Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, fixed or invited gene of inquared spent and stor if application	DO NOT WRITE IN THIS SPACE			CE	07282006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For			
MOORE, DALE 600 CONRAD CT. ALTAMONTE SPRINGS, FL 32701 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Supplies hyderic process game of registered agent and the Aspirative (ADIE Registered Agent agent agent and the Aspirative (ADIE Registered Agent agent agent and the Aspirative (ADIE Registered Agent							\$8.75 Additional	
the obligations of registered agent. SIGNATURE Sorewise, board or protest parts of registered agent and late of applicable FILE NOWILL FEE IS \$150.00 Due by September 6, 2006 10. OFFICERS AND DIRECTORS Trust Fund Contribution. OFFICERS AND DIRECTORS TITLE MAME SIREET ADDRESS CITY-S1-2P TITLE MATERIAL AD	600 CONF	ALE RAD CT.	gistered Agent					
10.	the obligation of the obligati	ons of registered agent. Signature, typed or printed name of registered agent and	d title if applicable (NOTE Registe 9. Election Campaign Fina	red Agent signature require	d when reinstating)	In accordance with s. 6	07.193(2)(b), F.S., the	
MAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.		IRECTORS					
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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: _