2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000041077

City-St-Zip:

SARASOTA, FL 34237

FILED Feb 12, 2009 Secretary of State

Entity Name: MOOS INVESTMENTS, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1990 MAIN SUITE 801 SARASOT	STREET A, FL 34236				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1990 MAIN SUITE 801 SARASOT	STREET A, FL 34236				
FEI Number:	65-0836850	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GLENDINNIRE, RENEA M CPA 1990 MAIN STREET SARASOTA, FL 34236 US GLENDINNING, RENEA M CPA 1990 MAIN STREET SARASOTA, FL 34236 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b in the State of Florida.					
SIGNATURE: RENEA M. GLENDINNING				02/12/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () MOOS, GABRIE 536 SPINNAKER LONGBOAT KEY	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MOOS, SUSANN 536 SPINNAKER LONGBOAT KEY	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V () JAENSCH, PETE 2198 MAIN STRI		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: GABRIELE MOOS D 02/12/2009