## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 04, 2006 08:00 AM Secretary of State

DOCUMENT # P98000091317  1. Erally Name MOISTURE ABATEMENT TECHNOLOGIES, INC.						oury or source
1475 EDGEV	NOD CIR	Aailing Address 1475 EDGEWOD CIR JACKSONVILLE, FL 32205				: <b>8</b> 800 (1881 (17 <b>68</b> 550) 5561 (1881) 55 520)
DO NOT WRITE IN THIS SPAC			CE	02172006 4. FEI Numbe 59-354	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Regulred
	6. Name and Address of Current Regi	stered Agent				
HALL, GEORGE H.G. 4736 BLANDING BLVD JACKSONVILLE, FL 32210			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	red agent, or both	h, in the State of Flor	
GIGHANGIA	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE, Registere	d Agent signature required	i when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finant Trust Fund Contribution.			ncing \$5.	.00 May Be led to Fees	•	
10.	OFFICERS AND DIRE	CTORS	I			
title name street adoress city-st-zip	PSTD HEARNE, ROBERT D 1475 EDGEWOOD CIR JACKSONVILLE, FL				<b>, ñão</b> ô ộ o	491125 80009-023 150.00
nite Name Street address City-ST-ZIP					U4/13/Ub~	80003-023 150.00
Tyle Name Street address City S1-zip				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE
TCTC F	İ					

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Cobert DI Learn 03.1

Daytime Phone #