2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102341

ARONOFF, ERIC D

6930 SW 25 STREET

MIRAMAR, FL 33023

Name:

Address: City-St-Zip: FILED Apr 29, 2005 Secretary of State

Entity Name: OAK MOON RISING, INC. **Current Principal Place of Business: New Principal Place of Business:** 320 E DANIA BEACH BLVD DANIA BEACH, FL 33004 **Current Mailing Address: New Mailing Address:** 3060 CRYSTAL WAY MIRAMAR, FL 33025 FEI Number: 65-0882147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARONOFF, MARVIN ARONOFF, CHRISTINA E 3060 CRYSTAL WAY 3060 CRYŚTAL WAY US US MIRAMAR, FL 33025 MIRAMAR, FL 33025 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. SIGNATURE: CHRISTINA E. ARONOFF 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ARONOFF, CHRISTINA E Name: Name: 3060 CYRSTAL WY Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: ٧S Title: () Change () Addition () Delete ARONOFF, KERRI A Name: Name: 3060 CRYSTAL WY Address: Address: MIRAMAR, FL 33025 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTINA E. ARONOFF PD 04/29/2005