


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # S26561 1. Entity Name MOORE OVERSEAS CORPORATION | |  |
| Principal Place of Business 2601 S BAYSHORE DR STE 2040 MIAMI, FL 33133 | Mailing Address 2601 S BAYSHORE DR STE 2040 MIAMI, FL 33133 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MCLEAN, JAMES 26001 S BAYSHORE DR #2040 MIAMI, FL 33133 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 1100000383401 01/12/06-80051-021 158.75 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD MOORE, JAMES 2000 S. BAYSHORE DRIVE COCONUT GROVE, FL 33133 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MOORE, TIMOTHY C 3 GROVE ISLE DRIVE, #1609 MIAMI, FL 33133 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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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: <u>Timothy C Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |



01062006 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 59-3065236 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

1/09/06 (305) 8602317
Date Daytime Phone #