


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE
AND
FILED

06 SEP -5 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28262 1. Entity Name PAINTING AND CLEANING BY MOON, INC.	
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Principal Place of Business 303 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327 9485 Buckhaven Tr. Tall, FL 32312	Mailing Address <i>Same</i> 303 RIVER PLANTATION RD CRAWFORDVILLE, FL 32327 9485 Buckhaven Tr. Tall, FL 32312
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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09052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3045767	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOON, WANDA
~~303 RIVER PLANTATION RD
CRAWFORDVILLE, FL 32327~~
 9485 Buckhaven Tr.
 Tall, FL 32312

7. Name and Address of New Registered Agent

Name *Wanda Moon*
 Street Address (P.O. Box Number is Not Acceptable)
 9485 Buckhaven Tr.
 City *Talla,* FL Zip Code *32312*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete	MOON, WANDA
NAME		MOON, WANDA
STREET ADDRESS		303 RIVER PLANTATION RD, CRAWFORDVILLE, FL 32327
CITY-ST-ZIP		CRAWFORDVILLE, FL 32327

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<i>Wanda Moon</i>
NAME		<i>Wanda Moon</i>
STREET ADDRESS		<i>9485 Buckhaven Tr.</i>
CITY-ST-ZIP		<i>Talla, FL 32312</i>

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: _____ Date *9-3-06* Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/06