


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S68287</b> 1. Entity Name <b>BLUE MOON SPECIALTIES, INC.</b>	
--	---

Principal Place of Business <b>1026 ROSETTA DR DELTONA, FL 32725 US</b>	Mailing Address <b>PO BOX 5445 DELTONA, FL 32728-5445 US</b>
--	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3079391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TEGELER, DAVID 1031 W MORSE BLVD STE 260 WINTER PARK, FL 32789</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, WILSON SCOTT 1026 ROSETTA DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMPBELL, MICHELLE 1026 ROSETTA DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1000000275946 03/25/05-80020-016 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b> <u>MICHELLE M. CAMPBELL</u> <b>MICHELLE M. CAMPBELL</b> <u>3/22/05</u> <u>386-860-3648</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>