

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82026

FILED
Mar 28, 2008
Secretary of State

Entity Name: FOOL MOON TREASURES, INC.

Current Principal Place of Business:

1216 IDLEWILD CT.
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10473
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-3090247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTER, JOANNE L
2008 WAHALAW NENE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WINTER, JOANNE L,
Address: 2008 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: SAMS, DIANE L,
Address: 2006 WAHALAW NENE
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JOANNE WINTER

D

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date