


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90059 007 \*\*\*158.75

<b>DOCUMENT # V29370</b>	
1. Entity Name <b>WABASSO MOORINGS, INC.</b>	

Principal Place of Business <b>15 STARFISH DR VERO BEACH FL 32960 US</b>	Mailing Address <b>15 STARFISH DR VERO BEACH FL 32960 US</b>
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2. Principal Place of Business <b>5850 Magnolia Ln</b>	3. Mailing Address <b>5850 Magnolia Lane</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>VERO Beach FL</b>	City & State <b>VERO Beach FL</b>
Zip <b>32967</b>	Country <b>In Riv</b>
Zip <b>32967</b>	Country <b>In Riv</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>59-3189129</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>VOLLBRACHT, HENRY J 15 STARFISH DR VERO BEACH FL 32960</b>	
7. Name and Address of New Registered Agent Name <b>Vollbracht, Henry J</b> Street Address (P.O. Box Number is Not Acceptable) <b>5850 Magnolia Lane</b> City <b>VERO Beach</b> FL Zip Code <b>32967</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 **Henry Vollbracht** DATE **2/08/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VOLLBRACHT, HENRY 15 STARFISH DR VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Vollbracht, Henry 5850 Magnolia Ln VERO Beach FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VOLLBRACHT, MARY 15 STARFISH DR VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Vollbracht MARY 5850 Magnolia Ln VERO Beach FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEYER, MARY V 16 HUNTING LANE EAST ISLIP NY 11730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Henry Vollbracht** DATE **2/08/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #