2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # V62345 1. Entity Name BLUE MOON CHARTER CO. Principal Place of Business Mailing Address 1111 LOVE STREET JUPITER FL 33458 US 19087 SE ARNOLD DR JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0355749 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERNHEUSER, ROBERT N JR Street Address (P.O. Box Number is Not Acceptable) 19087 SE ARNOLD DR JUPITER FL 33469 Zip Code 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 agent the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title it applicable. (NCTE: Registered Agent aignature required when revisitating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550,00 9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS to. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TETT E TITLE Change Addition ☐ Defete 000000448943 NAME GERNHEUSER, ROBERT N NAME STREET ADDRESS 19087 SE ARNOLD DR STREET ADDRESS 03/09/06-80034-012 150.00 CITY-ST-779 JUPITER FL 33469 CITY-ST-ITP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET LABORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3311.5 ☐ Delete ☐ Additi DBF ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ITP CITY-ST-ZIP TITLE Defete TITCE ☐ Change □ 施營 NAME NAME STREET ADDRESS SERRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change TI Advisor NAME NAME STREET ADDRESS STREET ADDRESS OTY-51-70 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it 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.

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SIGNATURE:

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