


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90201 016 ***150.00

DOCUMENT # P02000090824

1. Entity Name
MOLLY BLU, INC.



Principal Place of Business 1708 CURRY ST BRANDON, FL 33510	Mailing Address 1708 CURRY ST BRANDON, FL 33510
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DO NOT WRITE IN THIS SPACE



04032006 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0527971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ODONNELL, CAROL L PD
1708 CURRY ST
BRANDON, FL 33510

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DONNELL, CAROL L PD 1708 CURRY ST BRANDON, FL 335102076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWNING, ELMER R 1708 CURRY STREET BRANDON, FL 335102076
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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____