2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644686

Title:

Name:

Address:

City-St-Zip:

FILED Jan 13, 2009 Secretary of State

Entity Nam	ie: MULDER E	ENTERPRISES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4707 CHER TAMPA, FL							
Current Mailing Address:			New Maili	New Mailing Address:			
P O BOX 32 TAMPA, FL							
FEI Number:		FEI Number Applied For ()	FEI Number Not App	licable (X)	Certificat	e of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
MULDER, S 4707 CHER TAMPA, FL	OKEE RD						
The above r	named entity su of Florida.	bmits this statement for the pu	rpose of changing i	ts registered o	office or re	egistered agent, or both,	
SIGNATURE:							
Election Cam		Signature of Registered Agen Frust Fund Contribution ().	t		L	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STD () D HEES, PENNI PO BOX 3753 KODIAK, AK 996	Delete	Title: Name: Address: City-St-Zip:	SD (X HEES, PENNI PO BOX 3753 KODIAK, AK 9) Change(9615) Addition	
Title: Name: Address: City-St-Zip:	PD () D MULDER, SANDR 4707 CHEROKEE TAMPA, FL 3362	ERD.	Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	VPD () D HICKMAN, RICHA PO BOX 18686 TAMPA, FL 3367		Title: Name: Address: City-St-Zip:	()) Change() Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA MULDER PD 01/13/2009

() Delete

() Change (X) Addition

MOHLER, ARLEN

5011 W. DICKENS

TAMPA, FL 33629