2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# L05000112561

Entity Name: MOLD ELIMINATORS, LLC

Current Principal Place of Business:

409 SYCAMORE STREET
CELEBRATION, FL 34747

New Principal Place of Business:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

Current Mailing Address:

409 SYCAMORE STREET
CELEBRATION, FL 34747

New Mailing Address:

215 CELEBRATION PLACE
SUITE 500
CELEBRATION, FL 34747

FEI Number: 56-2545971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, WILLIAM W
409 SYCAMORE STREET
CELEBRATION, FL 34747 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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BERRY, WILLIAM W
Address: 409 SYCAMORE STREET
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: BROOKS, BARRY
Address: 215 CELEBRATION PLACE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM W. BERRY MRG 02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date