

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012813

FILED
Feb 15, 2007
Secretary of State

Entity Name: MOL, INC.

Current Principal Place of Business:

7836 CHERRY LAKE RD
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

7836 CHERRY LAKE RD
GROVELAND, FL 34736

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLIN, TIMOTHEE
7836 CHERRY LAKE RD
GROVELAND, FL 34736 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALLIN, TIMOTHEE
Address: 7836 CHERRY LAKE RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: ADAMS, LINDA
Address: 1533 PARK CENTER DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: HIGBIE, DENNIS
Address: 1610 AVENUE OF THE STARS
City-St-Zip: LAKE BUENA CISTA, FL 32830

Title: D () Delete
Name: VAUGHN, BILL
Address: 1610 AVENUE OF THE STARS
City-St-Zip: LAKE BUENA CISTA, FL 32830

Title: D () Delete
Name: WARNER, KATY M
Address: 7931 EAST BOULEVARD DR
City-St-Zip: ALEXANDRIA, VI 22308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHEE SALLIN

D

02/15/2007

Electronic Signature of Signing Officer or Director

Date