2006 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # P01000108314 MOULIN PROPERTIES INC. Principal Place of Business Mailing Address 3911 W INMAN AVE 3911 W INMAN AVE TAMPA, FL 33609 TAMPA, FL 33609 01112006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3756697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MOULIN, ROBERT DO NOT WRITE 3911 W INMAN AVE TAMPA, FL 33609 IN THIS SPACE \$. 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTS TILLE MOULIN, ROBERT NAME STREET ADDRESS 3911 W INMAN AVENUE U00000385884 01/18/06-80030-018 150.00 CETY-ST-ZEP **TAMPA, FL 33609** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE ШΤ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 Date Dayling Phono #