2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90111 048 ***150.00

DOCUMENT # P02000043886

1. Entity Name
MOLKE INTERIORS, INC.

4005606

Principal Place of Business	Mailing Address
~~3339 N.W. 14TH AVENUE~~	~~3339 N.W. 14TH AVENUE~~
~~POMPANO BEACH, FL 33064~~	~~POMPANO BEACH, FL 33064~~

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
501 N.W. Floresta Drive	501 N.W. Floresta Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL,	City & State: Port St. Lucie, FL,
Zip: 34983 Country: USA	Zip: 34983 Country: USA

4. FEI Number: 37-1427943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOLKE, RICHARD L JR.
~~3339 N.W. 14TH AVENUE~~
~~POMPANO BEACH, FL 33064~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 501 N.W. Floresta Drive
City: Port St. Lucie FL Zip Code: 34983

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MOLKE, RICHARD L JR. STREET ADDRESS: ~~3339 N.W. 14TH AVENUE~~ CITY-ST-ZIP: ~~POMPANO BEACH, FL 33064~~	☐ Delete		TITLE: NAME: STREET ADDRESS: 501 N.W. Floresta Drive CITY-ST-ZIP: Port St. Lucie, FL, 34983	☒ Change ☐ Addition
TITLE: VTD NAME: MOLKE, LEAH C STREET ADDRESS: ~~3339 N.W. 14TH AVENUE~~ CITY-ST-ZIP: ~~POMPANO BEACH, FL 33064~~	☐ Delete		TITLE: NAME: STREET ADDRESS: 501 N.W. Floresta Drive CITY-ST-ZIP: Port St. Lucie, FL, 34983	☒ Change ☐ Addition
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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: X [signature] Richard Molke 4/17/06 (772) 621-4136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #