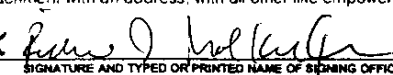


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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.			
Principal Place of Business 3330 N.W. 14TH AVENUE POMPANO BEACH, FL 33064		Mailing Address 3330 N.W. 14TH AVENUE POMPANO BEACH, FL 33064	
2. Principal Place of Business 501 N.W. Floresta Drive Suite Apt. # etc		3. Mailing Address 501 N.W. Floresta Drive Suite Apt. # etc	
City & State Port St. Lucie, FL,		City & State Port St. Lucie, FL,	
Zip 34983		Zip 34983	
Country SA		Country USA	
4. FEI Number 37-1427943		Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLKE, RICHARD L JR. 3330 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 _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reissuing) DATE			
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 3330 N.W. 14TH AVENUE CITY-STATE-ZIP POMPANO BEACH, FL 33064	☐ Delete	TITLE Change ☐ Addition	NAME 501 N.W. Floresta Drive STREET ADDRESS Port St. Lucie, FL, 34983 CITY-ST-ZIP
TITLE VTD NAME MOLKE, LEAH C STREET ADDRESS 3330 N.W. 14TH AVENUE CITY-STATE-ZIP POMPANO BEACH, FL 33064	☐ Delete	TITLE Change ☐ Addition	NAME 501 N.W. Floresta Drive STREET ADDRESS Port St. Lucie, FL, 34983 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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  Richard Molke SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		24/17/06 (772) 621-4136 Date Daytime Phone #	