FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90305 029 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111792

1. Entity Name
MOLKE BILLING, INC.

60024618

Principal Place of Business	Mailing Address
~~3339 NW 14 AVE~~	~~3339 NW 14 AVE~~
~~POMPANO BCH, FL 33064~~	~~POMPANO BCH, 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 38-3662448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLKE, LEAH
~~3339 NW 14 AVE~~
~~POMPANO BCH, 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: DPT NAME: MOLKE, LEAH STREET ADDRESS: ~~3339 NW 14 AVE~~ CITY-ST-ZIP: ~~POMPANO BCH, FL 33064~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 501 NW Floresta Drive CITY-ST-ZIP: Port St. Lucie, FL, 34983	☒ Change ☐ Addition
TITLE: DVS NAME: MOLKE, RICHARD STREET ADDRESS: ~~3339 NW 14 AVE~~ CITY-ST-ZIP: ~~POMPANO BCH, FL 33064~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 501 NW 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 Leah C Molke Leah Molke X 4/7/06 (772) 621-4136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #