

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000129593

Entity Name: MOLIFT, INC.

FILED  
Jun 04, 2008  
Secretary of State

## Current Principal Place of Business:

5008 W LINEBAUGH AVE STE 60  
TAMPA, FL 33624

## New Principal Place of Business:

## Current Mailing Address:

5008 W LINEBAUGH AVE STE 60  
TAMPA, FL 33624

## New Mailing Address:

FEI Number: 20-0383173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCLURE, FREDRICK H.L.  
101 EAST KENNEDY BOULEVARD  
SUITE 2000  
TAMPA, FL 33602 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: CDP ( ) Delete  
Name: FARSTAD, GEIR O  
Address: 5008 W LINEBAUGH AVE STE 60  
City-St-Zip: TAMPA, FL 33624

Title: ST ( ) Delete  
Name: SLOMAN, DOROTHY  
Address: 5008 W LINEBAUGH AVE STE 60  
City-St-Zip: TAMPA, FL 33624

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: FARSTAD, GEIR O  
Address: 5008 W LINEBAUGH AVE STE 60  
City-St-Zip: TAMPA, FL 33624

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

Title: P ( ) Change (X) Addition  
Name: WIEGAND, REINHART  
Address: 5008 W LINEBAUGH AVE STE 60  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEIR OLAV FARSTAD

C

06/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date