


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 026 ***158.75

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| DOCUMENT # P04000126377 |  |
| 1. Entity Name MOLINE CONSTRUCTION, INC. | |

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| Principal Place of Business 1219 SW IBIS PALM CITY FL 34990 US | Mailing Address PO BOX 644 HOBE SOUND FL 33475 US |
|--|---|

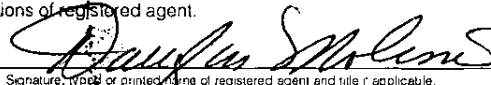


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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 1219 SW IBIS ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State PALM CITY, FLA- |
| Zip | Zip 34990 |
| Country | Country US |

1st MOORE CR2E034 (10/06)

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent DITTMAR, RON 1219 SW IBIS PALM CITY FL 34990 | | 7. Name and Address of New Registered Agent Name DOUGLAS MOLINE Street Address (P.O. Box Number is Not Acceptable) 1219 SW IBIS ST. City PALM CITY FL Zip Code 34990 | |
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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 **2-27-07**

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MOLINE, DOUGLAS W 1219 SW IBIS PALM CITY FL 34990 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECT DITTMAR, RON 1219SW IBIS PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **DOUGLAS MOLINE** DATE **2-27-07** (772) 260-6256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR