

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063657

FILED
Apr 30, 2006
Secretary of State

Entity Name: MOLD DOCTORS USA, INC.

Current Principal Place of Business:

15 PRINCEWOOD LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

2915 US SOUTH FEDERAL HWY 1
FORT PIERCE, FL 34982

Current Mailing Address:

15 PRINCEWOOD LANE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

2915 US SOUTH FEDERAL HWY 1
FORT PIERCE, FL 34982

FEI Number: 68-0606498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRUSKA, JONATHAN M
15 PRICEWOOD LANE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

RAINS, HYMAN A
2915 US SOUTH FEDERAL HWY 1
FORT PIERCE, FL 34982 US

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: HYMAN RAINS

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOUKAIR, RONALD
Address: 2634 E. LAKE RD.
City-St-Zip: SKANEATELES, NY 13152

Title: VP () Delete
Name: LANGBAUER, BARRETT
Address: 1733 NE 3RD AVE.
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: PETRUSKA, JONATHAN M
Address: 15 PRINCEWOOD LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: COLUCCI, THOMAS A JR.
Address: 2327 SW DANFORTH CIRCLE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HYMAN, RAINS A
Address: 2915 US SOUTH FEDERAL HWY 1
City-St-Zip: FORT PIERCE, FL 34982

Title: VP (X) Change () Addition
Name: SCOTT, LIVINGSTON
Address: 5988 SONNET COURT
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T (X) Change () Addition
Name: CYNDI, RAINS J
Address: 2915 US SOUTH FEDERAL HWY 1
City-St-Zip: FORT PIERCE, FL 34982

Title: S (X) Change () Addition
Name: BARRETT, LANGBAUER
Address: 1733 NE 3RD AVE.
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the 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: HYMAN RAINS

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date