

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90055 006 \*\*\*150.00

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02152007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000063657</b>			
1. Entity Name MOLD DOCTORS USA, INC.			
Principal Place of Business 2915 US SOUTH FEDERAL HWY 1 FORT PIERCE, FL 34982		Mailing Address 2915 US SOUTH FEDERAL HWY 1 FORT PIERCE, FL 34982	
2. Principal Place of Business - No P.O. Box # 1733 NE 3rd Ave		3. Mailing Address 1733 NE 3rd Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33409	Country USA	Zip 33409	Country USA
4. FEI Number 68-0606498		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAINS, HYMAN A 2915 US SOUTH FEDERAL HWY 1 FORT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name: BARRET LANGBAUER Street Address (P.O. Box Number is Not Acceptable): 1733 NE 3rd Ave City: CAPE CORAL FL Zip: 33409	
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: <u>X B. Langbauer</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>02/15/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 HYMAN, RAINS A 2915 US SOUTH FEDERAL HWY 1 FORT PIERCE, FL 34982 <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	VP SCOTT, LIVINGSTON 5988 SONNET COURT NORTH FORT MYERS, FL 33903 <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	T OYNDI, RAINS J 2915 US SOUTH FEDERAL HWY 1 FORT PIERCE, FL 34982 <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	S BARRETT, LANGBAUER 1733 NE 3RD AVE CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, TREAS, SECT. <input checked="" 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
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: <u>X B. Langbauer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>02/15/07</u> Daytime Phone #: <u>239-837-1907</u>	