FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 009 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000033704

1. Entity Name
MOELLER & ROEPKE CORP.

00004714

Principal Place of Business	Mailing Address
1318 LAFAYETTE STREET C/O HILL & COMPANY CAPE CORAL, FL 33904 US	1318 LAFAYETTE STREET C/O HILL & COMPANY CAPE CORAL, FL 33904 US

01122007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1221 SW 10th Ter	~~P.O.~~ 1221 SW 10th Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, Florida	City & State: Cape Coral, Florida
Zip: 33991 Country: Lee	Zip: 33991 Country: Lee

4. FEI Number 20-4630724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTTNER, OLIVER
1318 LAFAYETTE STREET C/O HILL & COMPANY
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: Oliver Huttner
Street Address (P.O. Box Number is Not Acceptable): 1221 SW 10th Ter
City: Cape Coral FL Zip Code: 33991

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: [signature] 1-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROEPKE, KLAUS		NAME		
STREET ADDRESS	AM BAUHOF 21		STREET ADDRESS		
CITY-ST-ZIP	LEMGO, GERMANY, GE 32657		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 1-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #