

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90022 044 ***150.00

DOCUMENT # P07000089255 1. Entity Name MOLLIE KALLEN CASE MANAGEMENT, INC.			
Principal Place of Business 10097 CLEARY BLVD SUITE 230 PLANTATION, FL 33324		Mailing Address 10097 CLEARY BLVD SUITE 230 PLANTATION, FL 33324	
2. Principal Place of Business - No P.O. Box # 6615 W Baynton Beach Blvd Suite, Apt. #, etc.		3. Mailing Address 6615 W Baynton Beach Blvd Suite, Apt. #, etc.	
City & State Baynton Beach FL		City & State Baynton Beach FL	
Zip 33437	Country USA	Zip 33437	Country USA
4. FEI Number 45-0569250		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALLEN, MOLLIE 10097 CLEARY BLVD SUITE 230 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Mollie Kallen Street Address (P.O. Box Number is Not Acceptable) 6615 W. Baynton Beach Blvd City Baynton Beach FL Zip Code 33437	
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 1/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Mollie Kallen 6615 W Baynton Beach Blvd Baynton Beach, FL 33437
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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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:		1/14/08 954-347-5016 <small>Date Daytime Phone #</small>	