2007 FOR PROFIT CORPORATION

Feb 08, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P97000083603 1. Entity Name MOLLY ASHE, INC. Principal Place of Business Mailing Address 2961 TWIN OAKS WAY 2961 TWIN OAKS WAY WELLINGTON, FL 33414 WELLINGTON, FL 33414 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0789592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Asian Cherry DO NOT WRITE ASHE, MOLLY 2961 TWIN OAKS WAY WELLINGTON, FL 33414 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000627359 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/15/07-80059-001 150.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITE NAME ASHE, MOLLY STREET ADDRESS 2961 TWIN OAKS WAY CITY-ST-ZIP WELLINGTON, FL 33414 TITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED