2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S46125

FILED Apr 05, 2006 Secretary of State

Entity Name: GARY MOLAISON ENTERPRISES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	DON AVE DLA, FL 32507	US		
Current M	ailing Addres	s:	New Mailing Addres	s:
	DON AVE DLA, FL 32507	US		
FEI Number:	65-0255822	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	JEFFREY S. PALMETTO PA	7BK BD		
	TON, FL 33432			
BOCA RA ⁻ The above	TON, FL 33432	2 US	ourpose of changing its registere	ed office or registered agent, or both,
BOCA RA ⁻ The above	TON, FL 33432 named entity s e of Florida.	2 US	ourpose of changing its registere	ed office or registered agent, or both,
BOCA RATHE	TON, FL 33432 named entity s of Florida. RE:	2 US		ed office or registered agent, or both, Date
BOCA RATHER ADOVE IN THE STATE STATE STATE STATE STATE STATE SIGNATUR	named entity se of Florida. RE: Electroni	2 US ubmits this statement for the រុ		
BOCA RATHE ABOVE IN THE STATE SIGNATURE	named entity se of Florida. RE: Electroni	2 US ubmits this statement for the place of Signature of Registered Agentust Fund Contribution ().	ent	
BOCA RATHE ABOVE IN THE STATE SIGNATURE	named entity see of Florida. RE: Electronicanpaign Financing	2 US ubmits this statement for the place of Registered Age Trust Fund Contribution (). FORS: Delete RY, AVE	ent	Date
BOCA RATHE Above in the State SIGNATUF Election Car OFFICER: Value: Valu	named entity see of Florida. RE: Electroni mpaign Financing S AND DIRECT D () MOLAISON, GAI 124 BRANDON, PENSACOLA, F	2 US ubmits this statement for the place of Registered Ag Trust Fund Contribution (). FORS: Delete RY, AVE L 325072120 Delete XANE B., AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GARY MOLAISON D 04/05/2006