


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000096034
1. Entity Name
MULLER ASSET MANAGEMENT, INC.



Principal Place of Business 3300 SW 14TH PLACE UNIT 3 BOYNTON BEACH, FL 33426-9034	Mailing Address 3300 SW 14TH PLACE UNIT 3 BOYNTON BEACH, FL 33426-9034
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DO NOT WRITE IN THIS SPACE

02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1140606	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MULLER, KEVIN
3300SW 14TH PLACE
UNIT 3
BOYNTON BEACH, FL 33426-9034**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLER, RALPH P 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 334269034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLER, ALICE B 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 334269034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MULLER, KEVIN 3300 SW 14TH PLACE, UNIT 3 BOYNTON BEACH, FL 334269034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/16/05-80006-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4-8-05** **501-364-2707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #