


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90178 037 ***150.00

DOCUMENT # P01000096034 1. Entity Name MULLER ASSET MANAGEMENT, INC.	
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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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04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1140606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Kevin Muller Date: 4-17-06 Daytime Phone #: 561-364-2707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR