

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108862

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: MULLEN DRYWALL INCORPORATED

**Current Principal Place of Business:**

1609 PALM BLVD.  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

5239 COLLINS DRIVE  
PANAMA CITY, FL 32404

**Current Mailing Address:**

1609 PALM BLVD.  
PORT ST. JOE, FL 32456

**New Mailing Address:**

5239 COLLINS DRIVE  
PANAMA CITY, FL 32404

FEI Number: 20-0272430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MULLEN, ADONNA S  
1609 PALM BLVD.  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

MULLEN, ADONNA S  
5239 COLLINS DRIVE  
PANAMA CITY, FL 32404 US

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.

SIGNATURE: ADONNA S MULLEN

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MULLEN, PATRICK R  
Address: 1609 PALM BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: V ( ) Delete  
Name: MULLEN, ADONNA S  
Address: 1609 PALM BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MULLEN, PATRICK R  
Address: 5239 COLLINS DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

Title: V (X) Change ( ) Addition  
Name: MULLEN, ADONNA S  
Address: 5239 COLLINS DRIVE  
City-St-Zip: PANAMA CITY, FL 32404

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: ADONNA S MULLEN

VP

04/28/2006

Electronic Signature of Signing Officer or Director

Date