## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Sagratary of State		
DOCUMENT # 315573  1. Entity Name MULLIS MARINE CENTER INC					Secretary of State	
Principal Place 3635 W HWY COCOA, FL 3	520	nailing Address 3635 W. HIGHWAY 520 COCOA, FL 32926 US -		\$ \$ <b>8 8 8 5 8 6</b> 7 17 1	By coming decret advice language fills decode accept decode accept define decoded as it language.	
D	O NOT WRITE	N THIS SPA	CE	01132006 No Chg-P CR2E034 (11/05)  4. FEI Number		
			**	5. Certificate	of Status Desired Fee Required	
6. Name and Address of Current Registered Agent  FERRELL RONALD  1116 FAIRLAWN DR.  ROCKLEDGE, FL 32955  8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.				DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE				Agent signature required when relistating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Fina     Trust Fund Contribution.		5.00 May Be dded to Fees	U00000416794 02/13/06-80029-023 150.00	
10.	OFFICERS AND DIRE	CTORS			1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERRELL, RONALD 1116 FAIRLAWN DR. ROCKLEDGE, FL					
NAME STREET ADDRESS CITY-ST-TP						
TITLE MAME STITLET ADDITIESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME SINEET ADDRESS CITY-SI-ZIP				IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 regalizer or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block (1 if changed, or on an attentiment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-06/636-248