


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 542404
 1. Entity Name
 BULLIS BROMELIADS, INC.



Principal Place of Business
 12420 S.W. 248TH ST.
 PRINCETON, FL 33032-5942

Mailing Address
 12420 S.W. 248TH ST.
 PRINCETON, FL 33032-5942

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-1759533

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, BULLIS R III
 12420 S.W. 248TH ST.
 PRINCETON, FL 33032-5942

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	BULLIS, HARVEY R III
STREET ADDRESS	12420 S.W. 248TH ST.
CITY - ST - ZIP	PRINCETON, FL 330325942
TITLE	ST
NAME	BULLIS, LOIS F
STREET ADDRESS	12420 S.W. 248TH ST.
CITY - ST - ZIP	PRINCETON, FL 330325942
TITLE	VP
NAME	BULLIS, PATRICIA G
STREET ADDRESS	12420 S.W. 248TH ST.
CITY - ST - ZIP	PRINCETON, FL 330325942
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/24/06-80089-003 158.75

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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 reports 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: Harvey R Bullis III HARVEY R. BULLIS III 1/9/06 305-258-8932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #