2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 553453

Entity Name: MULLING INSURANCE AGENCY, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P.O. BOX 308 208 E PARK ST

AUBURNDALE, FL 338230308 US AUBURNDALE, FL 338230308 US

Current Mailing Address: New Mailing Address:

P.O. BOX 308

AUBURNDALE, FL 338230308 US

FEI Number: 63-0738811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MULLING, J. F. JR. 208 E PARK ST AUBURNDALE, FL 33823

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MULLING, J.F., MULLING, JAMES F JR Name: Name: 103 VAN FLEET CT Address:

328 BAY STREET Address: City-St-Zip: AUBURNDALE, FL City-St-Zip: AUBURNDALE, FL 33823

Title: Title: VΡ (X) Change () Addition () Delete Name: Name: MULLING, JAMES K

MULLING, J.F. JR., 110 ARIETTA SHORES DR. 1506 AUBURN OAKS BLVD Address: Address: AUBURNDALE, FL AUBURNDALE, FL 33823 City-St-Zip: City-St-Zip:

Title: VΡ Title: () Delete (X) Change () Addition

MULLING, JAMES K Name: SPANN, MARK E Name: 2000 15TH COURT NW 1640 SEMINOLE AVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: AUBURNDALE, FL 33823

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.

VΡ SIGNATURE: JAMES K MULLING 04/27/2006