


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000002259

1. Entity Name
MUNDY & SALLEY, INC.



Principal Place of Business
**4096 BUSINESS PARK COURT
 EVANS, GA 30809**

Mailing Address
**P.O. BOX 211534
 MARTINEZ, GA 30917**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1694328	Applied For Not Applicable
5. Certificate of Status Desired XX \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 remaining) _____ DATE _____

**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

1100000474333
 04/10/06 80002-008 159.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNDY, ERNEST T 582 TWIN OAK LANE GROVETOWN, GA 30813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALLEY, RICHARD A 1465 CLARY CUT ROAD APPLING, GA 30802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MUNDY, SARAH P 582 TWIN OAK LANE GROVETOWN, GA 30813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Ernest T. Mundy Pres. 3/16/06 (706) 860-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ernest T. Mundy