

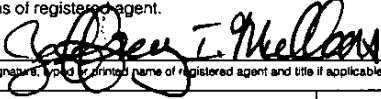
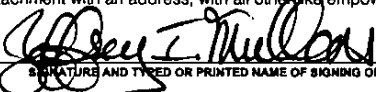


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90045 018 \*\*\*150.00

<b>DOCUMENT # F19086</b> 1. Entity Name <b>JEFFREY I. MULLENS, P.A.</b>					
Principal Place of Business <b>C/O STEEL HECTOR &amp; DAVIS 1900 PHILLIPS PT W 777 S FLAGLER DR WEST PALM BCH, FL 33401</b>			Mailing Address <b>C/O STEEL HECTOR &amp; DAVIS 1900 PHILLIPS PT W 777 S FLAGLER DR WEST PALM BCH, FL 33401</b>		
2. Principal Place of Business <b>C/O SQUIRE SANDERS &amp; DEMPSEY LLP</b> Suite, Apt. #, etc. <b>1900 PHILLIPS PT W 777 S FLAGLER DR</b>		3. Mailing Address <b>C/O SQUIRE SANDERS &amp; DEMPSEY LLP</b> Suite, Apt. #, etc. <b>1900 PHILLIPS PT W 777 S FLAGLER DR</b>		40002133 	
City & State <b>WEST PALM BEACH, FL</b>		City & State <b>WEST PALM BEACH, FL</b>		01102006 Chg-P CR2E034 (11/05)	
Zip <b>33401</b>		Country <b>USA</b>		4. FEI Number <b>59-2058662</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MULLENS, JEFFREY I C/O STEEL HECTOR &amp; DAVIS 1900 PHILLIPS PT W 777 S FLAGLER DR WEST PALM BCH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>MULLENS, JEFFREY I</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O SQUIRE SANDERS &amp; DEMPSEY LLP</b> <b>1900 PHILLIPS PT W 777 S FLAGLER DR</b> City <b>WEST PALM BEACH</b>		
FL			Zip Code <b>33401</b>		
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: 		<b>JEFFREY I. MULLENS</b> <b>PRESIDENT</b>		DATE: <b>1/11/06</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PDT</b>	NAME <b>MULLENS, JEFFREY I</b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b>777 S FLAGLER DR</b>	CITY-ST-ZIP <b>W PALM BCH, FL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>		<input type="checkbox"/> Delete		
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 information empowered.					
SIGNATURE: 		<b>JEFFREY I. MULLENS</b>		DATE: <b>1/11/06</b>	
(NOTE: Registered Agent signature required when reinstating)		Daytime Phone #: <b>(561) 650-7257</b>			