2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				May 03, 2006 08:00 A		
DOCUMENT # G40821 1. Entity Name MARY E. MUNGER & ASSOCIATES, INC.					Secr	etary of State
9210 CHASI	E STREET	Mailing Address 9210 CHASE STREET SPRING HILL, FL 34606		1 1021111 24	(
	OO NOT WRITE I	CE	01152006 4. FEI Numb 59-229	No Chg-P	CRZE034 (11/05) Applied For Not Applicab \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSEL, SHARON E. 9210 CHASE ST. SPRING HILL, FL 34606			DO NOT WRITE IN THIS SPACE			
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. It am familiar with, and acceptive obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refreshing) DATE						
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. Election Campaign Financing \$5. Trust Fund Contribution. Adde		00 May Be ad to Fees	000000559840 05/18/06-80015-021 150.00	
TITLE MAME STREET AUDRESS CITY-ST-ZRP TITLE MAME STREET AUDRESS CITY-ST-ZRP CITY-ST-ZRP	OFFICERS AND DIRE D OWENS, MARY E. 6384 HAZELWOOD RD. SPRING HILL, FL P RUSSEL, SHARON E. 9210 CHASE ST. SPRING HILL, FL	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS ETTY-ST-ZIP TITLE					NOT W	
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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 suppliemental 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

Daytime Phone &