2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # K55280



FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90267 040 ***150.00

1. Entity Nam THE BUL										
Principal Place of Business 414 SOUTH BEACH ROAD HOBE SOUND, FL 33455			Mailing Address 414 SOUTH BEACH ROAD HOBE SOUND, FL 33455		and the last time to the same that the same					
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03252008 CF	ng-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Number 65-0112962				plied For Applicable
Zip		Country	Zip	Coun	5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
BULLEN, 0 414 S. BEA						P.O. Box Number is Not	Acceptable))		
HOBE SOUND, FL 33455									· · · · · · · · · · · · · · · · · · ·	
					City	****		FL	Zip Code	
	named entity ions of registe		r the purpose of changing its	register	ed office or register	ed agent, or both, in the	State of Flor	rida. Iam fa	miliar with, a	and accept
SIGNATURE.		or printed name of registered agent	and the dappicable. (NOT	E: Registere	d Agent agnature required	when reinstaing)		DATE		
After Ma		FEE IS \$150.00 Fee will be \$550.0	9. Election Campa Trust Fund Conf			00 May Be ed to Fees				
10.	r	OFFICERS AND		11.	·····	ADDITIONS/CHANG	ES TO OFFI	CERS AND I	DIRECTORS	IN 11
TITLE	DP		Delete	TITL		ħ	1		Change	Addition
NAME	BULLEN, C			NAM	-		1	. 11	\$	i
STREET ADDRESS CITY-ST-ZIP	HOBE SO	H BEACH RD. UND, FL			EET ADDRESS '- ST-ZIP		'	• •		.,
TITLE	۵		☐ Delete	TITL	E				☐ Change	Addition
NAME	BULLEN, J	JOYCE G		NAM	1E					
STREET ADDRESS				EET ADORESS						
CITY-ST-ZIP	HOBE SO	UND, FL 33455		CITY	r-ST-ZiP					
TITLE										
NAME			☐ Delete	TITL	E					Addition
name Street address			☐ Delete	TITL NAM	E				Change	Addition
			□ Delete	TITU NAM STRI	E AE				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			□ Delete	TITL NAM STRI CITY	E AE EET AODRESS (-ST-ZIP E				Change	Addition Addition
Street address City-St-Zip Title Name				TITL NAM STRI CITY TITL	E AE EET ADDRESS (-ST-ZIP E					
STREET ADDRESS CITY-ST-ZIP TITLE				TITL NAM STRI CITY TITL NAM STRI	E AE EET AODRESS (-ST-ZIP E					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Delete	TITL NAM STRI CITY TITL NAM STRI	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP			l		
STREET ADDRESS DITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				TITL NAM STRI CITY TITL NAM STRI	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E			l	Change	Addition
STREET ADDRESS CITY-ST-ZIP IJILE NAMF STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Delete	TITL NAM STRIC CITY TOTL NAM STRIC CITY TITL NAM STRIC STRIC STRIC	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS EET ADDRESS			l	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY CITY	E EET ADDRESS (-ST-ZIP EET ADDRESS (-ST-ZIP E AC EET ADDRESS (-ST-ZIP E AC (-ST-ZIP			·-	Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADRESS THE TADRESS THE TADRESS THE TADRESS TITLE			□ Delete	TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL TITL	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E AC EET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E			·-	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITE NAM STRI CITY TOTAL NAM STRI CITY TITE NAM STRI CITY TITE NAM STRI CITY TITE NAM	E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E AC EET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E ET ADDRESS (-ST-ZIP E			·-	Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE NAME			☐ Delete	TITE NAM STRI CITY	E EET ADDRESS (-ST-ZIP E EET ADDRESS			·-	Change	Addition

12. Thereby 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 attactine with an address, with all other like empowered.

SIGNATURE:

Joyce & Biller Joyce G. Bull or SKINNING OFFICER OR DIRECTOR