


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90318 023 ***150.00

DOCUMENT # L44563 1. Entity Name YRRAL REAL ESTATE COMPANY																									
Principal Place of Business C/O LARRY EDWARD MULLINS PO BOX 265100 DAYTONA BEACH, FL 32126 US			Mailing Address C/O LARRY EDWARD MULLINS PO BOX 265100 DAYTONA BEACH, FL 32126 US																						
2. Principal Place of Business 2626 So. Atlantic Avenue			3. Mailing Address 																						
Suite, Apt. #, etc. Unit 508			Suite, Apt. #, etc.																						
City & State Daytona Beach Shores			City & State																						
Zip 32118		Country USA		Zip																					
Country		Zip		Country																					
4. FEI Number 59-2992210				Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent MULLINS, LARRY E 157 FAIR VIEW AVE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name MULLINS, LARRY Street Address (P.O. Box Number is Not Acceptable) 2626 So. Atlantic Avenue Unit 508 Daytona Beach Shores FL Zip Code 32118																						
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 <u><i>Larry Mullins</i></u> LARRY MULLINS, Pres. 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DPST MULLINS, LARRY EDWARD</td> <td>157 FAIR VIEW AVE</td> <td>DAYTONA BEACH, FL 32114</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		DPST MULLINS, LARRY EDWARD	157 FAIR VIEW AVE	DAYTONA BEACH, FL 32114		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DPST MULLINS, LARRY EDWARD</td> <td>2626 So. Atlantic Avenue Unit 508</td> <td>Daytona Beach Shores, FL 32118</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		DPST MULLINS, LARRY EDWARD	2626 So. Atlantic Avenue Unit 508	Daytona Beach Shores, FL 32118	
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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: <u><i>Larry Mullins, Pres.</i></u> MULLINS, Pres. 4/6/06 (386) 405-5151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									