

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90088 036 ***158.75

DOCUMENT # M09019 1. Entity Name MULLEN ELECTRIC, INC.					
Principal Place of Business 1905 ATLANTIC ST #324 MELBOURNE BEACH, FL 32951 US			Mailing Address 216 EMERALD DR N INDIAN HARBOUR BEACH, FL 32937 US		
2. Principal Place of Business 216 EMERALD DR N		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State INDIAN HARBOUR BEACH, FL		City & State		4. FEI Number 59-2494890	
Zip 32937		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLEN, SCOTT 1136 SCYPHERS ST. N. E. PALM BAY, FL 32905				7. Name and Address of New Registered Agent Name HARRY J. PINGSTON, JR Street Address (P.O. Box Number is Not Acceptable) 216 EMERALD DRIVE NORTH City INDIAN HARBOUR BEACH FL Zip Code 32937	
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>Harry J. Pingston, Jr</i></u> PRESIDENT <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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLEN, SCOTT 1905 ATLANTIC ST #324 MELBOURNE BEACH, FL 32951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HARRY J. PINGSTON, JR 216 EMERALD DRIVE NORTH INDIAN HARBOUR BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT (V) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCOTT P. MULLEN 216 EMERALD DRIVE NORTH INDIAN HARBOUR BEACH, FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Harry J. Pingston, Jr</i> PRESIDENT 011805 321-223-4718 (cell) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> 321-773-4931 (off)					