


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M29686
 1. Entity Name
THE MULLINS COLLINS NO. 200 CORPORATION



Principal Place of Business Mailing Address
% BRADLEY C. MULLINS **% BRADLEY C. MULLINS**
6800 34TH STREET SO. **6800 34TH STREET SO.**
ST PETERSBURG, FL 33711 **ST PETERSBURG, FL 33711**

DO NOT WRITE IN THIS SPACE



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2661366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MULLINS, BRADLEY C
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

U000000569221
 07/11/06-80017-002 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MULLINS, JEROME J.
STREET ADDRESS	401 N CARROLL ST.
CITY-ST-ZIP	MADISON WI,
TITLE	DP
NAME	MULLINS, CAROL
STREET ADDRESS	401 N CARROLL ST.
CITY-ST-ZIP	MADISON WI,
TITLE	VP
NAME	MULLINS, JEROME J
STREET ADDRESS	401 N CARROLL ST
CITY-ST-ZIP	MADISON, WI 53703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Carol M. Mullins* *Carol M. Mullins* 7/6/06 688-257-0681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #