


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90086 026 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N02075</b> 1. Entity Name <b>MULLALLY MANOR, INC.</b>			
Principal Place of Business <b>%CASA SAN PABLO          401 N. RIDGEWOOD AVE.          DAYTONA BEACH, FL 32114 US</b>		Mailing Address <b>%CASA SAN PABLO          401 N. RIDGEWOOD AVE.          DAYTONA BEACH, FL 32114 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>4. FEI Number</b> <b>59-2410785</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PESHEK, GUY          1956 SECOND ST          DAYTONA BEACH, FL 32119</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
Signature <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PPESHEK          PESKAK, GUY          1956 SECOND ST          DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD          SMITH, DOLORES          809 BANBURY DRIVE          PORT ORANGE, FL 32119</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD          BROWN, LONNIE          37 OAKMONT CIR.          ORMOND BCH, FL</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST          HILL, MARY M          PO BOX 846          DAYTONA BEACH, FL 32115</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD          WEBSTER, ROBERT R          PO BOX 846          DAYTONA BCH., FL</b>	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD          WHITE, KATIE          189 GULL CIR., NORTH          DAYTONA BCH., FL</b>	<input type="checkbox"/> Delete	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP          Father Tim Daly          317 MULLALLY STREET          DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D          WALTER HOSFORD          1823 RIDGEWOOD AVE. APT 120          HOLLY HILL, FL 32117</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174-3891</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D          VICKIE PARKER          206 RIVER BLUFF DR.          ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D          SANDY KOMARA          3 QUEEN ANN COURT          ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>32119</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 617, 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.</b>			
<b>SIGNATURE:</b> <i>Guy Peshek</i>		Date: <b>4-16-08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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