2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

	ANNUAL REPORT					Secretary or State				
DOCUMENT # P0000006043						04-12-2004	1 90245 0	08 ***150	0.00	
1. Entity Name										
ALLEN-MCNULTY, INC.										
Duin nin - I Din -	(Dusiness	A4-10								
Principal Plac		Mailing Address 3094 S OAKLAND FORE	ST NP					F 4 0 2 0	Mno	
3094 S OAKLAND FOREST DR APT 1704		APT 1704						54030	433	
OAKLAND PA	RK, FL 33309-7504	OAKLAND PARK, FL 333	309-7504			DDIN DRIG DRIN DANI D	 	ılıı Ebili Dibay ili	11	
Principal Place of Business 3. Mailing Address										
1428 Plunkett Street		1428 Plunkett Street				4.11(1.1111) 111(1) 111(1) 1				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112004	Chg-P	CR2EC	34 (10/03)		
City & Stat		City & State	·		4. FEI Numbe			T IAp	olied For	
Holly	wood, FL	Hollywood,	${ t FL}$		65-0974			<u> </u>	Applicable	
Zip -	Country	Zìp	Country		5. Certificate	of Status Desired		\$8.75 Add		
33020	-6432 USA 6. Name and Address of Current	33020-6432	USA			Address of New		Fee Required	<u> </u>	
	6. Name and Address of Current	Hegistered Agent	- Name-				registered .	- -	-	
ALLEN, KATHLEEN Kath					leen Allen					
3094 S OA APT 1704	KLAND FOREST DR			Street Address (P.O. Box Number is Not A 1428 Plunkett Str			ile)		1	
	PARK, FL 33309									
2			City				FL	Zip Code		
9. The above	named entity submits this statement for	Hol	1 ywc	od agent or bot	h in the State of E		12202			
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.										
Vallance Colland Kathleen Allen V4/7/00										
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signatu				DATE			
,	100		11.	<u> </u>				3		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.(9. Election Campaig Trust Fund Contri			00 May Be	·		÷		
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10.				Add			TIOCOS AUG			
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TITLE NAME	D ALLEN, KATHLEEN	DIRECTORS		Т	ADDITIONS/		FICERS AND	DIRECTORS (X) Change	SIN 11	
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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 eath; 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: XIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER CT. TO AME Dayling Phone #