


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90085 021 ***150.00

DOCUMENT # P00000006043 1. Entity Name ALLEN-MCNULTY, INC.																													
Principal Place of Business 1428 PLUNKETT STREET HOLLYWOOD, FL 33020-6432			Mailing Address 1428 PLUNKETT STREET HOLLYWOOD, FL 33020-6432																										
2. Principal Place of Business 4131 Stirling Road Suite, Apt. #, etc. Unit 104 City & State Ft. Lauderdale, FL Zip 33314 Country USA		3. Mailing Address Po Box 460323 Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33346 Country US																											
4. FEI Number 65-0974689			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 ALLEN, KATHLEEN 1428 PLUNKETT STREET HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Kathleen Allen Street Address (P.O. Box Number is Not Acceptable) 4131 Stirling Road Unit # 104 City Ft. Lauderdale FL 33314																										
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>Kathleen Allen</i></u> DATE <u>4/12/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPT</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLEN, KATHLEEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1428 PLUNKETT STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOLLYWOOD, FL 330206432</td> <td></td> </tr> </table>			TITLE	DPT	<input type="checkbox"/> Delete	NAME	ALLEN, KATHLEEN		STREET ADDRESS	1428 PLUNKETT STREET		CITY-ST-ZIP	HOLLYWOOD, FL 330206432		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:70%;">DPT</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kathleen Allen</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 460323</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Lauderdale, FL 33346</td> <td></td> </tr> </table>			TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Kathleen Allen		STREET ADDRESS	P.O. Box 460323		CITY-ST-ZIP	Ft. Lauderdale, FL 33346	
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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 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>Kathleen Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/12/05</u> Daytime Phone # <u>305-588-7259</u>																										