


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000114492 1. Entity Name MULLVAIN & ASSOCIATES, INC.	
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Principal Place of Business 5302 E. FRIESS DRIVE SCOTTSDALE, AZ 85254	Mailing Address 5302 E. FRIESS DRIVE SCOTTSDALE, AZ 85254
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DO NOT WRITE IN THIS SPACE



06012005 No Chg-P CR2EQ34 (10/03)

4. FEI Number 65-1065986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MULLVAIN, CYNTHIA S 5055 SAWDUST CIRCLE OCOE, FL 34761
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLVAIN, MICHAEL S 5302 E. FRIESS DRIVE SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MULLIAN, DAVID S 5302 E. FRIESS DRIVE SCOTTSDALE, AZ 85254
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06/06/05-80005-015 150.00

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  Michael S. Mullvain <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 1 May 2005 <small>Date</small>	Daytime Phone # 602 722-0 <small>Daytime Phone #</small>
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