

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 11, 2007 8:00 am  
Secretary of State**

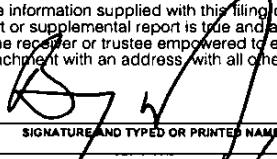
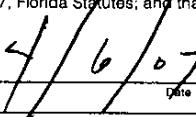
04-11-2007 90021 001 \*\*\*150.00

DOCUMENT # P01000025545	
1. Entity Name MULLNIKS RECYCLING, INC.	

Principal Place of Business 5937 SOUTEL DR. JACKSONVILLE, FL 32209	Mailing Address 5937 SOUTEL DR. JACKSONVILLE, FL 32209
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<b>DO NOT WRITE IN THIS SPACE</b>	
6. Name and Address of Current Registered Agent  STONEBURNER BERRY & SIMMONS, P.A. ONE INDEPENDENT DR., STE. 2000 JACKSONVILLE, FL 32202	7. <b>DO NOT WRITE IN THIS SPACE</b>
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.	
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable.</p> <p>(NOTE: Registered Agent signature required when reinstating)</p> <p>DATE _____</p>	
9. <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLNIKS, BILLY J 5937 SOUTEL DRIVE JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.	
<b>SIGNATURE:</b> 	 Date: 4/16/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	