

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088194

Entity Name: TWO MULES, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

936 LAKE MARION
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

936 LAKE MARION DR.
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

936 LAKE MARION
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

936 LAKE MARION DR.
ALTAMONTE SPRINGS, FL 32701

FEI Number: 05-0581747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, CLINT A
936 LAKE MARION
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

MUELLER, CLINT A
936 LAKE MARION DR.
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE:

04/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MUELLER, CLINT A
Address: 936 LAKE MARION
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MUELLER, CLINT A
Address: 936 LAKE MARION DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINT A. MUELLER

PSTD

04/21/2006

Electronic Signature of Signing Officer or Director

Date