2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002950

Entity Name: DALE HULEN SPRAY SERVICE INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
509 SUNF LAKE WO	RISE CT PRTH, FL 3346	0			
Current M	lailing Addres	s:	New Mailing Address:		
509 SUNF LAKE WO	RISE CT PRTH, FL 3346	0			
FEI Number	: 51-0493666	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
	RISE CT PRTH, FL 3346		purpose of changing its registered	office or registered agent, or both.	
	e of Florida.		parpood of orlanging its registered	emoc or regional agent, or beat,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HULEN, DALE 509 SUNRISE (LAKE WORTH,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D () HULEN, DAN 509 SUNRISE (LAKE WORTH,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: Citv-St-Zip:	S () HULEN, KATHL 509 SUNRISE (LAKE WORTH.	CT.	Title: (Name: Address: City-St-Zip:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN A. HULEN S 01/10/2006