2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2005
Secretary of State

DOCUMENT# P04000114799

Entity Name: CULLEN HOLDINGS, INC.

Current Principal Place of Business:

1022 RAINING MEADOWS LANE
ORLANDO, FL 32824

New Principal Place of Business:

380 S. STATE ROAD 434
SUITE 1004, #272
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

1022 RAINING MEADOWS LANE
ORLANDO, FL 32824

New Mailing Address:

380 S. STATE ROAD 434
SUITE 1004, #272
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-1558095 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULLEN, JOHN E
1022 RAINING MEADOWS LANE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

CULLEN, JOHN E
380 S. STATE ROAD 434
SUITE 1004, #272
ALTAMONTE SPRINGS, FL 32714 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: 01/23/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CULLEN, JOHN E
Address: 1022 RAINING MEADOWS LANE
City-St-Zip: ORLANDO, FL 32824

Title: VP ( ) Delete
Name: CULLEN, JOSEPH
Address: 20 TROTTERS CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: SEC (X) Delete
Name: CULLEN, JOHN E
Address: 1022 RAINING MEADOWS LANE
City-St-Zip: ORLANDO, FL 32824

Title: TREA (X) Delete
Name: CULLEN, JOHN E
Address: 1022 RAINING MEADOWS LANE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: CULLEN, JOHN E PRES
Address: 380 S. STATE ROAD 434, SUITE 1004 #272
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP (X) Change ( ) Addition
Name: CULLEN, JOSEPH VP
Address: 380 S. STATE ROAD 434, SUITE 1004 #272
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. CULLEN PRES 01/23/2005
Electronic Signature of Signing Officer or Director — Date