2006 FOR PROFIT CORPORATION

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ANNUAL REPORT		1 1		
DOCUMENT # P04000150988 1. Entity Name JIM MCMULLIN, INC.	Secretary of State			
Principal Place of Business Mailing Address 1516 LEONE LANE 1516 LEONE LANE PORT ORANGE, FL 32129 US PORT ORANGE, FL 32129	US (CERTIFER IN BRINK ENDIN ERRIN BRINK ARRIN ARRIN NERRI NUMBER HERE DEUR DEUR DEUR DEUR DEUR DEUR DEUR D	1		
DO NOT WRITE IN THIS SPA		03082008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-1872393 Not Applicable 5. Centificate of Status Desired \$8.75 Additional		
6. Name and Address of Current Registered Agent MCMULLIN, JIM 1516 LEONE LANE PORT ORANGE, FL 32129	DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the it approache (NOTE. Registere)	red affice or registered agent, or both, in the State of Florida. I am familiar with, and accompany the state of Florida and familiar with, and accompany the state of Florida and Florida			
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				
10. OFFICERS AND DIRECTORS TITLE P NAME MCMULLIN, JIM STREEL ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 TITLE NAME STREEL ADDRESS CHY-ST-ZIP	U00000483711 04/12/06-80010-007 150.00			
TIFLE NAME STITEE ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-S3-ZIP TITLE				
NAME	į .			

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and excurate 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 507, 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 attriprepared.

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STREET ADDRESS CHTY-\$1-21P

STORAGERE AND TYPED ON PRINTED HAME OF STORING OFFICER OR DIRECTOR

3-26-06

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