2007 FOR PROFIT CORPORATION

Jan 12, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P05000017916., ... 01-12-2007 90017 049 ***158.75 MULLIGAN CONSTRUCTORS INC. Mailing Address Principal Place of Business 4525 VINELAND RD. SUITE 207 4525 VINELAND RD. SUITE 207 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 01082007 Applied For City & State City & State 4. FEI Number Not Applicable 42-1657988 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNIFER MULLIGAN, JENNIFER W Street Address (P.O. Box Number is Not Acceptable) 13350 WEST COLONAIL DR SUITE 320 WINTER GARDEN, FL 34787 Zip Code // ORLANDO 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 LEWNIFER W. MULL 16-AW SEC/TREAS cable. (NOTE: Registered Agent signature required when rehistating) SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. JASON E. MULLIGAN PChange Addition 14525 YINELAND RD., SUITE 207 PRES ☐ Delete TITLE ■ Addition TITLE MULLIGAN, JASON E NAME NAME 10449 WISCANE AVENUE STREET ADDRESS STREET ADDRESS ORLANDA FL 32811 CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP CEO Change ☐ Delete TITLE TITLE RICHARD B. MULLIGAN 4525 VINELAND RP, SHITE 207 MULLIGAN, RICHARD B NAME NAME 5986 BUFORD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-7IP ORMANDO FL 328/1 SECR SEC/TREAS. Delete TITLE TITLE JENNIFER W. MULLIGAN NAME MULLIGAN, JENNIFER W NAME 4525 YINELAND RD, SUITE 207 ORLANDO, FL 32811 STREET ADDRESS 5986 BUFORD STREET STREET ADDRESS ORLANDO, FL 32835 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 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 at 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 a other like empowered.

SIGNATURE: _

RICHARD B MULL GAN CED

FILED