2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

## Mailing Address ## STPAM BEACH, FL 33409	DOCUMENT # P05000050489 1. Entity Name BILL MCCULLOUGH ENTERPRISES, INC.								01-30-2006	90066 0	48 ***158	3.75	
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Name and Address of Current Registered Agent Name and Address of New Registered Section	City & State West Palm Beach, FL			City & State West Palm Beach				4. FEI Number 56 25	508009				
Name	3341	1	Country USA	^z ₉ 3411	Coun	^{try} US	A	5. Certificate of	of Status Desired	図			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current i	Registered Agent		Nemo		7. Name and	Address of New R	egistered .	Agent		
### City FL Zip Code 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 Floride. I am familiar with, and accept the obligations of registered agent. City FL Zip Code													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Iteraliar with, and accept the obligations of registered agent. Signature Species							ddress (f	P.O. Box Number	r is Not Acceptable)			
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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 path; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	l	HAM RD SUITE 1	☐ Delete ☐ Delete ☐ Delete	STREE CHY THTLE NAME STREE CHY THTLE STREE CHY THTLE STREE CHY THTLE STREE CHY THTLE NAME STREE CHY THTLE NAME STREE STREE NAME STREE	ET ADDRESS -ST-ZIP : E E ET ADDRESS	McCi 225 West	Vista Palm	Parkway Beach, F	m H Su: 3:	ite 14 3411 Change Change	Addition Addition Addition	

indicated on this report or supplied with his liting does not quality for the exemptions contained in Chapter 119, Horida Statutes, 1 turner certify that the information indicated on this report or suppliemental 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 or 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 Date 561-656-4555

Daytime Phone #