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SECRETARY OF STATE
AND AND FILED

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	CullEN AND	ASSOCICTE	s.I.K.		
Enclosed is an origina	(PROPOSED CORPORA) al and one(1) copy of the article				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Culter And Name (Pr	Associates inted or typed)	T.V.		
8728 ELMWOOD LOJE Address					
TAM? A FL. 33615 City, State & Zip					
	S B So	201-81052 Elephone number			

NOTE: Please provide the original and one copy of the articles.



January 11, 2006

CULLEN AND ASSOCIATES, INC. 8728 ELMWOOD LANE TAMPA, FL. 33615

SUBJECT: CULLEN AND ASSOCIATES, INC.

Ref. Number: W06000001311

We have received your document for CULLEN AND ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 906A00002078

Carolyn Lewis
Document Specialist
New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

To: Florida Department of State Division of Corporations. Fax # 850- 245- 6804 Attention: Carolyn Lewis

RE: Reapplying Corporation name by adding (Thomas). Thomas Cullen and associates, INC

Please notify me at 813-230-7700 if any questions or Concerns.

of Pages 3

Thank you, Thomas P. Cullen

	in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED	
	ARTICLE I NAME	06 44	
	The name of the corporation shall be:	06 JAN -9 PM 2:55	
Thomas	CullEN AND ASSOCIATES, INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	ARTICLE II PRINCIPAL OFFICE		
	The principal place of business/mailing address is:		
	8728 ELMWOOD Lang		
	TAMPA, FL. 33615	* "	
	ARTICLE III PURPOSE	- -	
	The purpose for which the corporation is organized is:	•	
	AHY AND LAWFUL BUSIJESS		
	ARTICLE IV SHARES The number of shares of stock is:		
	100		
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	•	
	THOMAS Cullent.		
	8728 Eumwood Lade		
	Tonipa FL 33615		
	PRESIDENT		
	ARTICLE VI REGISTERED AGENT		
•	The name and Florida street address of the registered agent is:		
	THOMAS Cultury		
	8728 ELM WOOD LONE TAMPA, FL. 33615		
	ARTICLE VII INCORPORATOR The name and address of the incorporator is:	,	
	THOMAS CUITED W. TAMPA, FL.	3360	
,	THE EFFECTIVE DATE FOR THIS CORPO	DROTTION: 01/03	<i>О</i> .Б
•	*************************************		
÷	Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree the appointment agree the agree that agree that agree the a		
TC	Thomas P. Cullen	orlandor	
	Signature/Registered Agent	Date	
	$\gamma l = 0 = 0.00$	١ ١ .	
	Signature/Incorporator	Date Date	
	2.Busting treochorator	Daic	
	70		

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)