

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095055

Entity Name: CULLCO, INC.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

TIMBERS 3 SADDINGTON WOUGHTON PARK
MILTON KEYNES BUCKS MK6 3EH, UK

New Principal Place of Business:

Current Mailing Address:

TIMBERS 3 SADDINGTON WOUGHTON PARK
MILTON KEYNES BUCKS MK6 3EH, UK

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUWERS, THOMAS
1613 PERIWINKLE WAY #102
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: CULL, MARTIN
Address: TIMBERS, 3 SADDINGTON, WOUGHTON PARK,
City-St-Zip: MILTON KEYNES, BUCKS MK6 3EH, UK

Title: MRS () Change (X) Addition
Name: CULL, SHARON
Address: TIMBERS, 3 SADDINGTON, WOUGHTON PARK,
City-St-Zip: MILTON KEYNES, BUCKS MK6 3EH, UK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARTIN CULL

MR

02/02/2009

Electronic Signature of Signing Officer or Director

_____ Date