2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 16, 2006 08:00 AM Secretary of State DOCUMENT # P92000004139 MCMULLEN PIONEER GROUP INC. Principal Place of Business Mailing Address 711 BRIGHTWATERS BLVD. 3200 26TH STREET NORTH SUITE #G ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33713 No Chg-P CR2E034 (11/05) 05132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3151069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MCMULLEN, BRETT J. DO NOT WRITE 711 BRIGHTWATERS BLVD. NE ST PETERSBURG, FL 33704 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of regretered agent and title if applicable (NOTE: Registered Agent signature required when repretating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. Added to Fees Due by September 6, 2006 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE MCMULLEN, BRETT J NAME 711 BRIGHTWATERS BLVD, NE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL TITLE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 of 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WIND THE ON PRINTED NAME OF BEAUTY OFFICER OR DEFECTOR.

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Daytime Phone #

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