

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000086219

FILED  
Apr 20, 2006  
Secretary of State

**Entity Name:** MULLEN & ASSOCIATES OF FLAGLER, INC.

**Current Principal Place of Business:**

1 ENTERPRISE DRIVE  
BUNNELL, FL 32110 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 ENTERPRISE DRIVE  
BUNNELL, FL 32110 US

**New Mailing Address:**

**FEI Number:** 59-3243678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLEN, MICHAEL  
1500 LAMBERT AVE.  
FLAGLER BCH., FL 32136 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: D ( ) Delete  
Name: MULLEN, MICHAEL  
Address: 1500 LAMBERT AVENUE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: MULLEN, KATHLEEN  
Address: 1305 TOWN HARBOR LANE  
City-St-Zip: SOUTHOLD, NY 11971

Title: D ( ) Delete  
Name: MULLEN, JOHN  
Address: 29 COLLINGTON CT.  
City-St-Zip: PALM COAST, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** MICHAEL MULLEN

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date