## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000051455

Title:

Name:

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City-St-Zip:

SDT

(X) Delete

FORT LAUDERDALE, FL 33308

MUELLER, CAROLINE

5155 NE 26TH AVE

Entity Name: W. MUELLER & DIPPON, INC.

**FILED** Aug 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5155 NE 26TH AVE FT LAUDERDALE, FL 33308 **Current Mailing Address: New Mailing Address:** 5155 NE 26TH AVE FT LAUDERDALE, FL 33308 FEI Number: 65-0678616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCK, DAVID E 2900 EAST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition DIPPON, ULRICH Name: Name: MUELLER, UDO 5155 NE 26TH AVENUE 5155 NE 26TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308 Title: VD Title: **DVPS** () Delete (X) Change ( ) Addition Name: MUELLER, UDO Name: MUELLER, CAROLINE 5155 NE 26TH AVE 5155 NE 26TH AVE Address: Address: FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: UDO MUELLER 08/14/2006

() Change () Addition