2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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1. Entity Name
DUKE, MULLIN & GALLOWAY, P.A.

Principal Place of Business	Mailing Address
1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE, FL 33301 US	1700 E. LAS OLAS BLVD PH #1 FORT LAUDERDALE, FL 33301 US

DO NOT WRITE IN THIS SPACE

03142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0674565
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J
1700 E. LAS OLAS BLVD
PH #1
FORT LAUDERDALE, FL 33301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000471738
03/29/06-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GALLOWAY, AMY J
STREET ADDRESS	1700 E LAS OLAS BLVD PH 1
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	ST
NAME	MULLIN, JOHN M
STREET ADDRESS	1700 E LAS OLAS BLVD PH1
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VP
NAME	DUKE, DAVIS W JR.
STREET ADDRESS	1700 E LAS OLAS BLVD PH 1
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or 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: Amy J. Galloway 3-14-06 954-761-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #