2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# P98000039394

Entity Name: MULLIGAN WAY, INC.

Current Principal Place of Business:

707 STANDISH DR
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1093 A1A BEACH BLVD
PMB 238
ST. AUGUSTINE, FL 32084

New Mailing Address:

1093 A1A BEACH BLVD
PMB 238
ST. AUGUSTINE, FL 32080

FEI Number: 59-3507391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIFATO, MICHAEL
707 STANDISH DR
SAINT AUGUSTINE, FL 32095 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: MILLER, W. HALL
Address: 4305 LINE KILN ROAD
City-St-Zip: FREDERICK, MD 21703

Title: D ( ) Delete
Name: DIFATO, MICHAEL A JR.
Address: 707 STANDISH DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: DIFATO, JOSEPH C
Address: 413 NIGHT HAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: LASSITER, CHARLES
Address: 320 RED WING LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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:

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

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: MICHAEL DIFATO DIR 01/06/2009

Electronic Signature of Signing Officer or Director — Date