2007 FOR PROFIT CORPORATION

Apr 09, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000098917 04-09-2007 90068 013 ***150.00 MCNULTY GROUP, INC. Principal Place of Business Mailing Address AUUDDIVE 4333 SILVER STAR RD 4333 SILVER STAR RD **SUITE 175** SUITE 175 ORLANDO, FL 32808 ORLANDO, FL 32808 No Chg-P CR2E034 (11/05) 03272007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNULTY, CHUCK DO NOT WRITE 442 TIMBER RIDGE PLACE LONGWOOD, FL 32779 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME MCNULTY, CHUCK 442 TIMBER RIDGE PLACE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 TITLE STREET ADORESS CITY-\$T-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 and occurate 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 with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED