


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90408 001 ***450.00

DOCUMENT # P99000018801	
1. Entity Name MUDSLINGERS INC.	

Principal Place of Business 5780 HOUCHIN ST NAPLES, FL 34109	Mailing Address 5780 HOUCHIN ST NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3558797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REINALDO, RICARDO 1030 39TH ST SW NAPLES, FL 34117	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICARDO, REINALDO 1030 39TH STREET SW NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLERS, RONALD 232 ERIE DR NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, LEOBARDO 584 105TH AVE N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: LEOBARDO GUTIERREZ **LEOBARDO GUTIERREZ** 4/19/06 (23) 591 3096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____