

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 037 ***150.00

DOCUMENT # P99000099379 1. Entity Name MURLAUD, INC.																											
Principal Place of Business 4300 N UNIVERSITY DRIVE SUITE D103 LAUDERHILL, FL 33351		Mailing Address 4300 N UNIVERSITY DRIVE SUITE D103 LAUDERHILL, FL 33351																									
2. Principal Place of Business 1700 NW 66 AVE Suite, Apt. #, etc. #102		3. Mailing Address 1700 NW 66 AVE Suite, Apt. #, etc. #102																									
City & State Plantation, FL Zip 33313 Country USA		City & State Plantation, FL Zip 33313 Country USA																									
4. FEI Number 65-0974851		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LEVINE & SEGAL, P.A. 4300 N UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE, FL 33351		7. Name and Address of New Registered Agent Name William M. Murphy Street Address (P.O. Box Number, is Not Acceptable) 1700 NW 66 AVE #102 City Plantation FL 33313																									
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 William M. Murphy DATE 4/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
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																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, WILLIAM M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4300 N UNIVERSITY DRIVE SUITE D103</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAUDERHILL, FL 33351</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	MURPHY, WILLIAM M		STREET ADDRESS	4300 N UNIVERSITY DRIVE SUITE D103		CITY-ST-ZIP	LAUDERHILL, FL 33351		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>William M. Murphy</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1700 NW 66 AVE #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Plantation, FL 33313</td> <td></td> </tr> </table>		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	William M. Murphy		STREET ADDRESS	1700 NW 66 AVE #102		CITY-ST-ZIP	Plantation, FL 33313	
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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: William M. Murphy DATE 4/4/06 DAYTIME PHONE # 746-222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											