2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2006 08:00 AM **DOCUMENT # S96749** Secretary of State 1. Entity Name T & L MULLER ENTERPIRSES INC. Principal Place of Business Mailing Address 1718 MAGDALENE MANOR DR 1718 MAGDALENE MANOR DR TAMPA, FL 33613 US TAMPA, FL 33616 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3098443 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MULLER, JOHN T. DO NOT WRITE 1718 MAGDALENE MANOR DR TAMPA, FL 33613 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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS mr MULLER, JOHN T. NAME

U00000383797 01/13/06-80016-007 150.00

Applied For

Not Applied \$8.75 Additional

Fee Required

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 directly 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 1 changed, or on an attachment with an address, with all other like empowered.

CICNIATIOE.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

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1718 MAGDALENE MANOR DR

TAMPA, FL