


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # V25681
 1. Entity Name
MCMULLEN ENTERPRISES INC.



Principal Place of Business Mailing Address
250 SOUTH DIXIE HIGHWAY **250 SOUTH DIXIE HIGHWAY**
BOCA RATON, FL 33432 US **BOCA RATON, FL 33432 US**



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0356054 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCMULLEN, DANNY P.
250 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMULLEN, DANNY P. 250 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMULLEN, CYNTHIA 250 SOUTH DIXIE HIGHWAY BOCA RATON, FL 33432
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 02/23/06-80082-003 158.75

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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 is a 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 information empowered.

SIGNATURE: *[Handwritten Signature]* Date: *2/8/06* Day: *861-362-7679*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: or Figure 1