

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90040 014 \*\*\*150.00

DOCUMENT # F99000000494

1. Entity Name  
 MALTBIIE INC.



Principal Place of Business  
 708 FELLOWSHIP ROAD  
 MT. LAUREL, NJ 08054

Mailing Address  
 708 FELLOWSHIP ROAD  
 MT. LAUREL, NJ 08054

44014337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004 Chg-P. CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

23-1615421

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: C  Delete  
 NAME: CARDWELL, FRANK H  
 STREET ADDRESS: 58 WATSON WAY  
 CITY-ST-ZIP: MEDFORD, NJ 08055

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: CEO  Delete  
 NAME: HUDDLE, ANDREW  
 STREET ADDRESS: 708 FELLOWSHIP RD  
 CITY-ST-ZIP: MOUNT LAUREL, NJ 08054

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ST  Delete  
 NAME: KUMARAN, SIVA  
 STREET ADDRESS: 708 FELLOWSHIP RD  
 CITY-ST-ZIP: MOUNT LAUREL, NJ 08054

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: Director  Change  Addition  
 NAME: Wakeford, Graham  
 STREET ADDRESS: 708 Fellowship Road  
 CITY-ST-ZIP: Mount Laurel, NJ 08054

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: Director  Change  Addition  
 NAME: Brooks, Gary  
 STREET ADDRESS: 708 Fellowship Road  
 CITY-ST-ZIP: Mount Laurel, NJ 08054

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-04

Date

Daytime Phone #