


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90292 001 \*\*\*150.00

<b>DOCUMENT # K15280</b> 1. Entity Name 4-MALITY, INC.	
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Principal Place of Business 397 BARFIELD HIGHWAY PO BOX 579 PAHOKEE, FL 33476	Mailing Address 397 BARFIELD HIGHWAY <del>PO BOX 579</del> PO BOX 603 PAHOKEE, FL 33476
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40063099



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0033604	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  ADAMS-ROBERTS, DONIA 1616 EAST MAIN STREET PAHOKEE, FL 33476	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	DP ADAMS-ROBERTS, DONIA 1616 EAST MAIN STREET PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HORNER, BETH 1616 EAST MAIN STREET PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOHMANN, ANGEE 1616 E MAIN ST PAHOKEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, JAYNA 1616 EAST MAIN ST PAHOKEE, FL
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 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: Donia A. Roberts Pres. 4-13-05 5619930990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #