2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State
02-23-2007 90029 049 ***150.00

DOCUMENT # P06000121268

1. Entity Name
MALLEN TRUCKING, INC.

Principal Place of Business	Mailing Address
6130 TURTLEMOUND ROAD NEW SMYRNA BEACH, FL 32169	6130 TURTLEMOUND ROAD NEW SMYRNA BEACH, FL 32169

02182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6130 Turtlemound Rd.	P.O. Box 2363
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Smyrna Beach, Fl.	City & State: New Smyrna Beach, Fl.
Zip: 32169 Country: USA	Zip: 32170 Country: USA

4. FEI Number: 20-5589340 ☐ Applied For ☐ Not Applicable

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
MALLEN, ROY A 6130 TURTLEMOUND ROAD NEW SMYRNA BEACH, FL 32169	Name: Elizabeth G. Mallen Street Address (P.O. Box Number is Not Acceptable): 6130 Turtlemound Rd. City: New Smyrna Beach FL Zip Code: 32169

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: Elizabeth G. Mallen [signature] Feb 21, 2007
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, 2007 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MALLEN, ELIZABETH G		NAME	
STREET ADDRESS	6130 TURTLEMOUND ROAD		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MALLEN, ROY A		NAME	
STREET ADDRESS	6130 TURTLEMOUND ROAD		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Elizabeth G Mallen [signature] 2/21/07 386-314-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #