2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 184429

Entity Name: MALULANI CORPORATION

FILED Mar 10, 2009 Secretary of State

1398 S. OCEAN BLVD.

POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

1398 S. OCEAN BLVD. POMPANO BEACH, FL 33062

FEI Number: 59-0917851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TIOHE, ROBERT TIGHE, ROBERT 1398 S. OCEAN BLVD. 1398 S. OCEAN BLVD.

POMPANO BEACH, FL 33062 US POMPANO BEACH, FL 33062 US

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.

SIGNATURE: ROBERT TIGHE 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MCCUTCHEON, DOUGLAS MCCUTCHEON, DOUGLAS Name: Name: 1398 S OCEAN BLVD 1398 S OCEAN BLVD Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete Title: S (X) Change () Addition Name: LONO, KATHY Name: LONG, KATHY

Name: LONG, KATHY
Address: 1398 S. OCEAN BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Name: LONG, KATHY
Address: 1398 S. OCEAN BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

Oity-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete Title: () Change () Addition Name: TIGHE. ROBERT. Name:

 Name:
 TIGHE, ROBERT,
 Name:

 Address:
 1398 S OCEAN BLVD
 Address:

 City-St-Zip:
 POMPANO BCH, FL
 City-St-Zip:

 Name:
 GEARY, EILEEN
 Name:
 ZAVERSHNIK, ERIC

 Address:
 1398 S. OCEAN BLVD.
 Address:
 1398 S. OCEAN BLVD.

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: VP () Delete Title: () Change () Addition

 Name:
 SMITH, HAMPDEN H
 Name:

 Address:
 1398 S. OCEAN BLVD.
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY LONG S 03/10/2009