2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM Secretary of State **DOCUMENT #673098** MAITLAND INVESTMENT CORPORATION Principal Place of Business Mailing Address 201 ANSIN BLVD. 201 ANSIN BLVD. HALLANDALE, FL 33009 HALLANDALE, FL 33009 01162007 No Cha-P CB2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 59-2020479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCNALLY, DIANA D DO NOT WRITE 201 ANSIN BLVD. HALLANDALE, FL 33009 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when (entitating) 000000606215 01/30/07-80069-014 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCNALLY, DIANA D 201 ANSIN BLVD STREET ADDRESS HALLANDALE, FL 33009 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-SI-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 path; 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

AGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Xx2707

Daytme Phone #

FILED