

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000686

FILED  
Jan 19, 2006  
Secretary of State

Entity Name: MALLORY IMPROVEMENT CORP.

## Current Principal Place of Business:

445 WEST OKLAHOMA AVENUE  
MILWAUKEE, WI 53207

## New Principal Place of Business:

## Current Mailing Address:

445 WEST OKLAHOMA AVENUE  
MILWAUKEE, WI 53207

## New Mailing Address:

FEI Number: 39-1226030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, DARLYNE  
2208 IDLEWOOD ROAD  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: GIUFFRE, FRANK P  
Address: 929 NORTH ASTOR STREET  
City-St-Zip: MILWAUKEE, WI 53202

Title: VS ( ) Delete  
Name: GIUFFRE, DOMINIC J  
Address: 8101 SOUTH 68TH STREET  
City-St-Zip: FRANKLIN, WI 53132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK P. GIUFFRE

CPT

01/19/2006

Electronic Signature of Signing Officer or Director

Date