

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004787

Entity Name: MAKO STRUCTURES, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

5650 EL CAMINO REAL  
SUITE 235  
CARLSBAD, CA 92008 US

## New Principal Place of Business:

## Current Mailing Address:

5650 EL CAMINO REAL  
SUITE 235  
CARLSBAD, CA 92008 US

## New Mailing Address:

FEI Number: 94-3304255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARDLE, L. BRUCE  
1450 FLAGLER AVE  
#15  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

MCCARDLE, L. BRUCE  
2769 HENDRICKS AVE  
JACKSONVILLE, FL 32207 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:

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WRIGHT, CAESAR  
Address: 5650 EL CAMINO REAL SUITE 235  
City-St-Zip: CARLSBAD, CA 92008

Title: VSTD ( ) Delete  
Name: BRANON, DIANE  
Address: 5650 EL CAMINO REAL, SUITE 235  
City-St-Zip: CARLSBAD, CA 92008

Title: C ( ) Delete  
Name: BRANON, MICHAEL  
Address: 5650 EL CAMINO REAL, SUITE 235  
City-St-Zip: CARLSBAD, CA 92008

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CAESAR WRIGHT

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date