2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000002774

1. Entity Name
M.A.L. ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
3320 SW 33RD RD	3320 SW 33RD RD
STE 100	STE 100
OCALA, FL 34474 US	OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE

01242008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
38-2764355		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISCHER, TIMOTHY A
SAVAGE, KRIM & SIMONS, P.A.
121 NW THIRD STREET
OCALA, FL 34475

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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_____
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000875976
04/11/08-80056-002 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PDS
NAME	MELL, JAMES A
STREET ADDRESS	8355 N W 110TH ST.
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	DV
NAME	HAMM, VERNON L
STREET ADDRESS	#2 RAVENWOOD CIRCLE
CITY-ST-ZIP	O'FALLON, IL 62269
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Lynda Kinder_   1/24/08   352-873-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #