2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 16, 2007 08:00 All Secretary of State DOCUMENT # G76250 1. Entity Namo MALONE HOMES, INC. Principal Place of Business Mailing Address 415 MEANDER LANE 415 MEANDER LANE CANTONMENT FL 32533 CANTONMENT FL 32533 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2360135 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, JOEL M., ESQ. Street Address (P.O. Box Number is Not Acceptable) 213 SOUTH ALCANIZ ST PENSACOLA FL 32501 Zip Code 8. The above named ontity 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 Delete IIIE Change ■ Addition MALONE, THOMAS, JR. 1095 HARBOR LANE U000000710161 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** 04/25/07-80031-005 150.00 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete IIILE TITLE MALONE, MILDRED PATRICIA 1095 HARBOR LANE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** CITY-ST-7IP CITY-SI-ZIP TITLE ☐ Deleie TITLE ☐ Change Addition NAME NAME. STRUCT ADDRESS STREET ADDRESS CITY+ST-71P CITY+ST-ZIP ☐ Delete TITLE IIIEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-7IP TITLE Delete HILLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-7IP TOTLE ☐ Deleie TITLE Change Addition NAME NAME SURFEL ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

FILED

SIGNATURE: HOMAS MAJONE JR 04-12 - 2001 850 968-0929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Date Dept. Desc. Desc. Dept. Desc. Desc.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the federate 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 altechment with an address, with all other like empowered.