## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01971

Entity Name: MALVERN DEVELOPMENT CORPORATION

FILED Mar 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1210 CHAFFEE DR. 1210 CHAFFEE DR. PO BOX 1077 1077

TITUSVILLE, FL 32781 TITUSVILLE, FL 32781

Current Mailing Address: New Mailing Address:

77A ST. DAVID STREET 157 KENREI PARK ROAD

LINDSAY,ONTARIO, ON K9V 1N8 RR 1 LINDSAY,ONTARIO, ON K9V 4R1

FEI Number: 59-2402605 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, LESLIE

1210 CHAFFEE DR

TITUSVILLE, FL 32780 US

TAYLOR, LESLIE

1210 CHAFFEE DR

1077

TITUSVILLE, FL 32780 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: 03/07/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: TAYLOR, PETER Name: TAYLOR, PETER
Address: 77A ST. DAVID STREET Address: 157 KENREI PARK ROAD
City-St-Zip: LINDSAY, CANADA, ON K9V 1N8 City-St-Zip: LINDSAY, CANADA, ON K9V 4R1

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: PETER TAYLOR DP 03/07/2007