
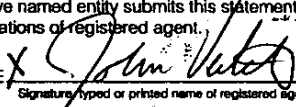
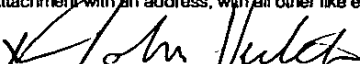


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 015 ***158.75

DOCUMENT # J39862			
1. Entity Name MALONEY VEITCH ASSOCIATES, INC.			
Principal Place of Business 2968 RAVENSWOOD RD. 111/112 FT. LAUDERDALE, FL 33312 US		Mailing Address PO BOX 5909 CLEARWATER, FL 33758 US	
2. Principal Place of Business - No P.O. Box # 5711 SW 47TH AVE.		3. Mailing Address 3850	
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc. #1407	
City & State DAYIE, FL		City & State FT. LAUDERDALE, FL	
Zip 33314	Country BROWARD	Zip 33308	Country BROWARD
6. Name and Address of Current Registered Agent MALONEY, R THOMAS PRES 2365 WIND GAP PL CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name JOHN A VEITCH Street Address (P.O. Box Number is Not Acceptable) 3850 GALT OCEAN DR #1402 City FT LAUDERDALE FL Zip Code 33308	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/21/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM VEITCH, JOHN A III 3850 GALT OCEAN DR #607 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN VEITCH 3850 GALT OCEAN DR. #1402 FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MALONEY, JAMES A 2340 ROBERTS BLVD ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALONEY, R T JR 2365 WINDGAP PL CLEARWATER, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEITCH, JAMES A. 1972 NORTHWEST 45TH STREET OAKLAND PARK, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 3/21/07 Daytime Phone #: 954-232-8050	