
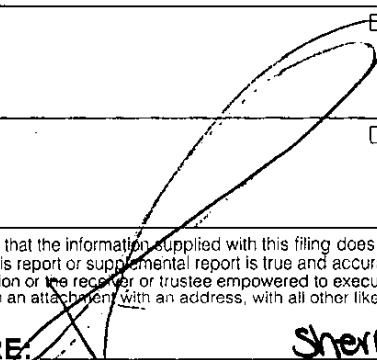


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90075 022 ***150.00

DOCUMENT # J62752 1. Entity Name MALIBU CONSTRUCTION AND INVESTMENT, INC.					
Principal Place of Business 12403 W. COLONIAL DR. WINTER GARDEN, FL 34787 US			Mailing Address 12403 W. COLONIAL DR. A WINTER GARDEN, FL 34787 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2851603	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWEARINGEN, S. WAYNE 8826 OLD WINTER GARDEN ROAD ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P SWEARINGEN, S WAYNE 8826 OLD WINTER GARDEN ROAD ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Debbie D. Matissen 1924 ST JAMES COURT ORLANDO, FL 32761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Swearingen 3240 Merrimack Lane Indianapolis, FL 32903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert Swearingen 3240 Merrimack Lane Indianapolis, FL 32903	
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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 			Sherman Wayne Swearingen 03/19/2007 407-877-9445		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		