

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90292 042 ***150.00

DOCUMENT # K15280 1. Entity Name 4-MALITY, INC.																																																																																																																																																											
Principal Place of Business 397 BARKFIELD HIGHWAY 709 N.E. 3rd St PO BOX 375 Belle Glade PAHOKEE, FL 33476 FLA. 33430				Mailing Address P.O. BOX 003 709 N.E. 3rd St PAHOKEE, FL 33476 Belle Glade, Fla. 33430																																																																																																																																																							
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address P.O. BOX 579 Suite, Apt. #, etc. City & State PAHOKEE FL Zip 33476 Co USA																																																																																																																																																									
4. FEI Number 65-0033604				Applied For ☐ Not Applicable																																																																																																																																																							
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04202006 Chg-P CR2E034 (11/05)																																																																																																																																																							
6. Name and Address of Current Registered Agent ADAMS-ROBERTS, DONIA 1616 EAST MAIN STREET 1100 N. Main St PAHOKEE, FL 33476 Suite C. Belle Glade, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code																																																																																																																																																							
8. This 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 <u><i>Donia A. Roberts</i></u> DATE <u><i>4/26/06</i></u> (Signature, typed or printed name of registered agent and this if applicable.) (NOTE: Registered Agent signature required when reinstating)																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ADAMS-ROBERTS, DONIA</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1616 EAST MAIN STREET</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>PAHOKEE, FL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DST</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HORNER, BETH</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1616 EAST MAIN STREET</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAHOKEE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>LOHMANN, ANGEE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1616 E MAIN ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAHOKEE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>ADAMS, JAYNA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1616 EAST MAIN ST</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAHOKEE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ADAMS-ROBERTS, DONIA		STREET ADDRESS			CITY - ST - ZIP	1616 EAST MAIN STREET		CITY - ST - ZIP				PAHOKEE, FL					TITLE	DST	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HORNER, BETH		NAME			STREET ADDRESS	1616 EAST MAIN STREET		STREET ADDRESS			CITY - ST - ZIP	PAHOKEE, FL		CITY - ST - ZIP			TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	LOHMANN, ANGEE		NAME			STREET ADDRESS	1616 E MAIN ST		STREET ADDRESS			CITY - ST - ZIP	PAHOKEE, FL		CITY - ST - ZIP			TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	ADAMS, JAYNA		NAME			STREET ADDRESS	1616 EAST MAIN ST		STREET ADDRESS			CITY - ST - ZIP	PAHOKEE, FL		CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			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: <u><i>Donia A. Roberts</i></u> DATE: <u><i>4/26/06</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Online Phone #																																																																																																																																																											