2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K72085

1. Entity Name
MALER AMERICAN CORP.

Principal Place of Business	Mailing Address
423 S. 24TH AVE	10711 S.W. 10 CT.
HOLLYWOOD, FL 33020 US	DAVIE, FL 33324 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0118502	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUGGLES, JOHN F
10711 S.W. 10TH CT
DAVIE, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____

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 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐.	**$5.00** May Be Added to Fees .	U00000746721 05/16/07-80081-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	STD
NAME	RUGGLES, JOHN
STREET ADDRESS	423 SOUTH 24TH AVE.
CITY-ST-ZIP	HOLLYWOOD, FL

TITLE	PV
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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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: _John F. Ruggles_   24 April 2007   954 579-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #