2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2007 08:00 AM DOCUMENT # M79010 Secretary of State JEFFREY K. MALLEY, INC. Principal Place of Business Mailing Address 11700 ISLAND LAKES LANE PO BOX 880147 BOCA RATON, FL 33498 US BOCA RATON, FL 33488-0147 US CR2E034 (11/05) 03012007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0044088 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLEY, JEFFREY K DO NOT WRITE 11700 ISLAND LAKES LANE BOCA RATON, FL 33498 IN THIS SPACE 6. 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MALLEY, JEFFREY K. NAME STREET ADDRESS 11700 ISLAND LAKES LANE CITY-ST-ZIP BOCA RATON, FL 33498 U00000660233 TITLE 03/19/07-80017-006 150.do STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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@kke empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 K. MALLEY 3-6-07 561-487

FILED