2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # P00000108164** 1. Entity Name MALBRIG & ASSOCIATES, INC Principal Place of Business Mailing Address 18714 ARBOR DRIVE 18714 ARBOR DRIVE LUTZ, FL 33548 LUTZ, FL 33548 No Chg-P CR2E034 (11/05) 04052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3684778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALBRIGHT, MARY B 18714 ARBOR DRIVE LUTZ, FL 33548 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ALBRIGHT, MARY B 18714 ARBOR DRIVE STREET ADDRESS LUTZ, FL 33548 CITY-ST-ZIP U00000695031 04/17/07-80044-019 150.00 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR