FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 29, 2002 8:00 am & Secretary of State P01000051035 **DOCUMENT #** 1. Entity Name 04-29-2002 90166 002 ***150 00 MALIAKA, INC. Principal Place of Business Mailing Address 5401 CENTRAL AVENUE **5401-CENTRAL AVENUE** ST-PETERSBURG-FL-99710 6T PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 4711 Babcock St. NE 4711 BABLOCK ST. NE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 9-3751427 Applied For 4. FEI Number BAY BALM Applied For Palm Bay, Fl Not Applicable Zip 32905 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN HOOPER MCATEE: CAROL Street Address (P.O. Box Number is Not Acceptable) 5401 CENTRAL AVENUE ST-PETERSBURG FL 33710 8. The above named entity subprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible ► FILE NOW!!! FEE IS \$150.00 [●] 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Director TITLE ☐ Delete TITLE Change Addition John Hooper NAME 709 Samuel Chase-Lane STREET ADDRESS STREET ADDRESS CITY-ST-7IP West Melbourne, FL CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an add ess, with all other like empowered.

JOHN HOPER - PRESIDENT