

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008271

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: MALUCHI DEVELOPMENT CORP.

**Current Principal Place of Business:**

4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137

**New Mailing Address:**

278 ROUTE 202  
SOMERS, NY 10589

FEI Number: 41-2076394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIUMENTO, MICHAEL D  
4 OLD KINGS ROAD NORTH, SUITE B  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHIUMENTO, MICHAEL D  
Address: 4 OLD KINGS ROAD NORTH, SUITE B  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: LUPINACCI, NICHOLAS  
Address: 5 CRAFTON COURT  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: LUPINACCI, JANET  
Address: 5 CRAFTON COURT  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: MAZZOLA, MICHAEL  
Address: THE BAILEY HOUSE 338 ROUTE 100  
City-St-Zip: SOMERS, NY 10589

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MAZZOLA, MICHAEL J  
Address: 278 ROUTE 202  
City-St-Zip: SOMERS, NY 10589

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J MAZZOLA

D

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date