


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90116 001 \*\*\*150.00

DOCUMENT # P03000062271

1. Entity Name  
**MAHLBERG INVESTMENT HOLDINGS INC.**



Principal Place of Business  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**

Mailing Address  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**

2. Principal Place of Business  
**3191 CORAL WAY**  
 Suite, Apt. #, etc.  
**624**  
 City & State  
**MIAMI, FL**  
 Zip  
**33145** Country  
**USA**

3. Mailing Address  
**3191 CORAL WAY**  
 Suite, Apt. #, etc.  
**624**  
 City & State  
**MIAMI, FL**  
 Zip  
**33145** Country  
**USA**



03172006 Chg-P CR2E034 (11/05)

4. FEI Number  
**58-0843630** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC**  
**520 BRICKELL KEY DRIVE**  
**SUITE 0-305**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
**PAULO MELO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3191 CORAL WAY #624**  
 City  
**MIAMI** FL Zip Code  
**33145**

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 *P. Champagne* **3/17/06**  
Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAVARES DE MELO, ROMILDO</b> <b>520 BRICKELL KEY DRIVE</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MELO, PAULO</b> <b>3191 CORAL WAY #624</b> <b>MIAMI, FL 33145</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIGUEIREDO, AFRA SUZANA</b> <b>520 BRICKELL KEY DRIVE</b> <b>MIAMI, FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *P. Champagne* **3/17/06** **305 567 1163**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #