## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2006 8:00 am

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DOCUMENT # P03000074663			5 90076 012 ***150.00
1. Entity Name BRIAN H. MALLONEE, INC.		03 13 2000	130.00
BIOTOTIC INCLESIVEE, IVO.			
	OG NET		
Principal Place of Business Mailing Address  328 SOUTH SECOND STREET 328 SOUTH SECOND STREET		400-	
SUITE A SUITE A	, .		
FORT PIERCE, FL 34950 FORT PIERCE, FL 34950	ŀ	1 10 10 10 10 10 10 10 10 10 10 10 10 10	T. BENN BBNN 188N SIBYD BNNS BYNDÊ 1808D NI 188
2. Principal Place of Business 3. Mailing Address	101		
"311 South Secon Street 311 South Secon Suite Apt. #, etc.	dStreet		
Suite 102 Suite 102		03092006 Chg-P	CR2E034 (11/05)
Fort Pierce, 7 L Fort Pierce.	74	4. FEI Number 37-1460329	Applied For Not Applicable
Zip Country Zip Cou	intry U.S.A.	5. Certificate of Status Desire	s8.75 Additional
34950 USA 34950 U 6. Name and Address of Current Registered Agent	<u> </u>	7. Name and Address of No	
MALLONEE, BRIAN H	Name		
328-SOUTHSECOND STREET	Street Address (P.	O. Box Number is Not Accep	table)
SUITE A FORT PIERCE, FL 34950	311504	th Second	StreetSk102
	City Cock	10:0000	FL Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	rad Agent signature required w	hen reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution		May Be d to Fees	
10. OFFICERS AND DIRECTORS 11		ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
	ILE ME		☐ Change ☐ Addition
·	REET ADDRESS 3115	South Seco	ind Street, Ste 102 L 34950
		+Pierce, 7	
	ILE ME	,	☐ Change ☐ Addition
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	TY-ST-ZIP		
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	ME REET ADDRESS		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CIT  TITLE  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITL	REET ADDRESS IY-SI-ZIP  I'LE ME REET ADDRESS IY-SI-ZIP  I'LE ME REET AODRESS IY-SI-ZIP  I'LE ME REET AODRESS IY-SI-ZIP  I'LE ME REET ADDRESS IY-SI-ZIP  I'LE ME REET ADDRESS IY-SI-ZIP  Xemptions contained i ature shaff have the sa	ame legal effect as if made un	Change Addition  Change Addition  Change Addition
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TITLE Delete TIT  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CIT  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CIT  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CIT  12. I hereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as requ	REET ADDRESS IY-ST-ZIP  TLE ME REET ADDRESS IY-ST-ZIP  EXEMPLIANCE EXEMPLI	ame legal effect as if made un Florida Statutes; and that my	Change Addition  Change Addition  Change Addition