-2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000076806

1. Entity Name

MAITLAND SECURITIES, INC.



FILED Apr 12, 2007 08:00 AM Secretary of State

Principal Place of Business

1101 NORTH LAKE DESTINY ROAD

SUITE 225

MAITLAND, FL 32751

Mailing Address

1101 NORTH LAKE DESTINY ROAD

SUITE 225

MAITLAND, FL 32751



DO NOT WRITE IN THIS SPACE

02012007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0091082

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, JACK K 301 E PINE ST, STE 1400 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ad office or	registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	1 Acent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOGA, GEORGE K 1101 NORTH LAKE DESTINY ROAD MAITLAND, FL 32751	SUITE 225	U00000700367 — 04/20/07-80013-025 158.75		
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TITLE NAME				٠.	

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 supplier phala 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 of true see 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:

STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

401-875-0075

D.