


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90238 028 \*\*\*150.00

|   |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
|---|-----------------------------------|--|--|--|---------------------------------|------|-------------------------------|--|----------------|---------------------------------|--|-------------|-----------------------------------|--|--|--|--|-------|------|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P03000097592</b><br>1. Entity Name<br><b>MALSUN BUSINESS GROUP, INC.</b>  |                                   |  |  |   |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>921 SANCTUARY COVE DRIVE</b><br><b>NORTH PALM BEACH, FL 33410 US</b>  |                                   |  | Mailing Address<br><b>921 SANCTUARY COVE DRIVE</b><br><b>NORTH PALM BEACH, FL 33410 US</b> |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| City & State<br>Zip Country   |                                   |  | City & State<br>Zip Country  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number <b>20-0201293</b>   |                                   |  | Applied For<br><input type="checkbox"/> Not Applicable                                     |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                   |  | <b>\$8.75</b> Additional Fee Required  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><b>SUNDARAMURTHY, MALATHI</b><br><b>921 SANCTUARY COVE DRIVE</b><br><b>NORTH PALM BEACH, FL 33410</b>  |                                   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                                   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>SUNDARAMURTHY, MALATHI</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>921 SANCTUARY COVE DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>NORTH PALM BEACH, FL 33410</b></td> <td></td> </tr> </table>  |                                   |  | TITLE  | NAME   | <input type="checkbox"/> Delete | NAME | <b>SUNDARAMURTHY, MALATHI</b> |  | STREET ADDRESS | <b>921 SANCTUARY COVE DRIVE</b> |  | CITY-ST-ZIP | <b>NORTH PALM BEACH, FL 33410</b> |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME  | <b>SUNDARAMURTHY, MALATHI</b>     |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | <b>921 SANCTUARY COVE DRIVE</b>   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | <b>NORTH PALM BEACH, FL 33410</b> |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| TITLE   | NAME                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| NAME  |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS  |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                   |  |  |  |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |
| SIGNATURE: <u><i>S. Malathi</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                   |  |  | Date <u>04-08-04</u> Daytime Phone <u>561-514-6479</u>   |                                 |      |                               |  |                |                                 |  |             |                                   |  |  |  |  |       |      |   |      |  |  |                |  |  |             |  |  |

**54030150**



03242004 Chg-P CR2E034 (10/03)