

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100550

Entity Name: MALEALEA AGENCIES, INC.

FILED
Mar 11, 2007
Secretary of State

Current Principal Place of Business:

324 SW 16TH COURT
FORT LAUDERDALE, FL 33315 1

New Principal Place of Business:

Current Mailing Address:

PO BOX 460611
FORT LAUDERDALE, FL 333460611 1

New Mailing Address:

FEI Number: 56-2396588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ZYL, ANTON
324 SW 16TH COURT
FORT LAUDERDALE, FL 33315 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: P () Delete
Name: VAN ZYL, ANTON
Address: 324 SW 16TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33315 1

Title: VP () Delete
Name: LEWIS-HOUGHTING, LARA-JO
Address: 3304 VIRGINIA STREET, #6C
City-St-Zip: MIAMI, FL 33133 1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LEWIS-HOUGHTING, LARA-JO
Address: 757 SE 17TH STREET, #371
City-St-Zip: FORT LAUDERDALE, FL 33316 1

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AVZ

P

03/11/2007

Electronic Signature of Signing Officer or Director

_____ Date