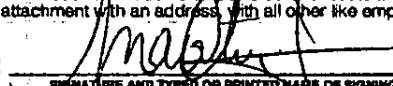


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State

05-04-2004 90155 030 ***158.75

DOCUMENT # P03000127330 1. Entity Name MALTA GROUP INC.					
Principal Place of Business 1128 ROYAL PALM BEACH #126 ROYAL PALM BEACH, FL 33411		Mailing Address 1128 ROYAL PALM BEACH #126 ROYAL PALM BEACH, FL 33411			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-1979032	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAHAM, LEWIS C 1807 PALM BEACH TRACE DR. ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name LEWIS C. GRAHAM Street Address (P.O. Box Number is Not Acceptable) 1128 ROYAL PALM BEACH Blvd. #126 City Royal Palm Beach FL Zip Code 33411		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NUMBER: FEB-13-2550.00 Due by September 8, 2004		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	P GRAHAM, LEWIS C 1807 PALM BEACH TRACE DR. ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS C. GRAHAM 1128 Royal Palm Beach Blvd. #126 Royal Palm Beach, FL 33411	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, MARA C 1807 PALM BEACH TRACE DR. ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARA C. GRAHAM 1128 Royal Palm Beach Blvd. #126 Royal Palm Beach, FL 33411	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
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: 			Date 5/1/2004 (561) 795-2113		