2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127330

1. Entity:Name MALTA GROUP INC.



FILED
May 04, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1128 ROWAL PALMBEACH #126 1128 FOYAL PALMBEACH

#126

ROYAL PALMEEACH, FL. 33411 ROYAL PALMEEACH, FL. 33411



DO NOT WRITE IN THIS SPACE

 04252006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 34-1979032
 Applied For Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, LEWIS C 1128 ROYAL PALM BEACH BLVD #128 ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ptions of registered agent.	urpose of changing its register	red office or a	registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Register	ed Agent signatur	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	T			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, LEWIS C 1128 ROYAL PALM BEACH BLVD. #126 WEST PALM BEACH, FL 33411				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, MARA C 1128 ROYAL PALM BEACH BLVD. #126 ROYAL PALM BEACH, FL 33411			1/00000562238 05/19/06-80047-014 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE :			1			

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 supplimental 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:

NAME STREET ADDRESS CITY-ST-ZIP

ATURIL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2006

(561) 791-9700