2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055416

Entity Name: MALJAM INC.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3669 NW 18TH STREET 3669 NW 19TH STREET

LAUDERDALE LAKES, FL 33309 LAUDERDALE LAKES, FL 33309

Current Mailing Address: New Mailing Address:

3669 NW 18TH STREET P.O. BOX 14035

LAUDERDALE LAKES, FL 33309 FORT LAUDERDALE, FL 33302

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E

MALCOLM, DESMOND
111 NW 2ND STREET

PALM BEACH GARDENS, FL 33410 US FORT LAUDERDALE, FL 33302 US

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: DESMOND MALCOLM 04/14/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MALCOLM, DESMOND
 Name:
 MALCOLM, DESMOND

 Address:
 3669 NW 18TH STREET
 Address:
 3669 NW 19TH STREET

City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: LAUDERDALE LAKES, FL 33309

 Name:
 MALCOLM, DENNIS
 Name:
 MALCOLM, DENNIS

 Address:
 3669 NW 18TH STREET
 Address:
 3669 NW 19TH STREET

City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DESMOND MALCOLM D 04/14/2005