

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129068

Entity Name: MALECOT MARINE SOLUTIONS, INC.

FILED  
Apr 18, 2006  
Secretary of State

## Current Principal Place of Business:

526 JOHNS PASS AVE  
MADEIRA BEACH, FL 33708

## New Principal Place of Business:

6111 142ND AVENUE NORTH  
CLEARWATER, FL 33760

## Current Mailing Address:

526 JOHNS PASS AVE  
MADEIRA BEACH, FL 33708

## New Mailing Address:

6111 142ND AVENUE NORTH  
CLEARWATER, FL 33760

FEI Number: 20-1611994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALECOT, TODD  
526 JOHNS PASS AVE  
MADEIRA BEACH, FL 33708 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: D ( ) Delete  
Name: MALECOT, TODD  
Address: 526 JOHNS PASS AVE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D ( ) Delete  
Name: MALECOT, DEANN M  
Address: 526 JOHNS PASS AVE  
City-St-Zip: MADEIRA BEACH, FL 33708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: MALECOT, TODD  
Address: 526 JOHNS PASS AVE  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: VSD (X) Change ( ) Addition  
Name: MALECOT, DEANN M  
Address: 526 JOHNS PASS AVE  
City-St-Zip: MADEIRA BEACH, FL 33708

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: DEANN M MALECOT

VSD

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date