


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-29-2007 90041 049 \*\*\*158.75

<b>DOCUMENT # P04000151238</b> 1. Entity Name <b>EDWARD R. MALAMPY, INC.</b>					
Principal Place of Business <b>7225 S.E. GOMEZ AVE. HOBE SOUND, FL 33475</b>			Mailing Address <b>7225 S.E. GOMEZ AVE. HOBE SOUND, FL 33475</b>		
2. Principal Place of Business - No P.O. Box # <b>7225 S.E. Gomez Ave</b>		3. Mailing Address <b>532 S.W. Duxbury Ave</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Hobe Sound, Fla</b>		City & State <b>Port St. Lucie Fla.</b>		4. FEI Number <b>76-0771107</b>	
Zip <b>33455</b>		Country <b>Port St. Lucie</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MALAMPY, EDWARD R 7225 S.E. GOMEZ AVE. HOBE SOUND, FL 33475</b>			7. Name and Address of New Registered Agent Name <b>Edward R Malampy</b> Street Address (P.O. Box Number is Not Acceptable) <b>532 S.W. Duxbury Ave</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34983</b>		
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 <b>Edward R Malampy</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MALAMPY, EDWARDS R 7225 S.E. GOMEZ AVE. P.O. BOX 8212 HOBE SOUND, FL 33475		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAMPY, EDWARDS R 7225 S.E. GOMEZ AVE. P.O. BOX 8212 HOBE SOUND, FL 33475		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 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: <b>Edward R Malampy</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					