
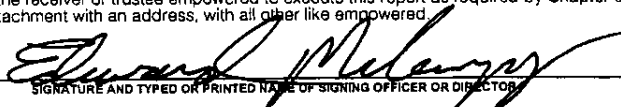


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 021 \*\*\*150.00

<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 33455</b>			Mailing Address <b>532 SW DUXBURY AVE. PORT SAINT LUCIE, FL 34983</b>		
2. Principal Place of Business - No P.O. Box # <b>532 SW Duxbury Ave.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port Saint Lucie, FL</b>		City & State <b>Port Saint Lucie, FL</b>		4. FEI Number <b>76-0771107</b>	
Zip <b>34983</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALAMPY, EDWARD R. 532 SW DUXBURY AVE. PORT SAINT LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST MALAMPY, EDWARDS R 7225 S.E. GOMEZ AVE. P.O. BOX 8212 HOBE SOUND, FL 33475</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST Malampy, Edward R. 532 SW Duxbury Ave. Port St. Lucie FL 34983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MALAMPY, EDWARDS R 7225 S.E. GOMEZ AVE. P.O. BOX 8212 HOBE SOUND, FL 33475</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Malampy, Edward R. 532 SW Duxbury Ave. Port St. Lucie, FL 34983</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date <b>6-12-08</b> Daytime Phone # <b>772-396-5250</b>		