## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000011240

Title:

Name:

Address:

City-St-Zip:

TREA

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MALONEY, STÉVEN P

3326 WILDWOOD TRAIL

TALLAHASSEE, FL 32312

Entity Name: MALONEY PROPERTY MANAGEMENT, INC

FILED Mar 21, 2006 Secretary of State

Entity Nan	NE: MALONEY	PROPERTY MANAGEMEN	NI, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
8748 MINNOW CREEK DR. TALLAHASSEE, FL 32312				3326 WILDWOOD TRAIL TALLAHASSEE, FL 32312			
Current Mailing Address:				New Mailing Address:			
8748 MINNOW CREEK DR. TALLAHASSEE, FL 32312				3326 WILDWOOD TRAIL TALLAHASSEE, FL 32312			
FEI Number:	35-2246158	FEI Number Applied For ( )	FEI Nur	nber Not Appli	icable ( )	Certificate of	Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MALONEY, STEVEN B 8748 MINNOW CREEK DR. TALLAHASSEE, FL 32312 US				MALONEY, STEVEN B 3326 WILDWOOD TRAIL TALLAHASSEE, FL 32312 US			
The above in the State		ubmits this statement for the	purpose o	of changing it	ts registered o	office or registe	ered agent, or both,
SIGNATURE:				03/21/2006			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () MALONEY, STE 3326 WILDWOO TALLAHASSEE,	DD TRAIL		Title: Name: Address: City-St-Zip:	(	) Change ()Ado	dition
Title: Name: Address: City-St-Zip:	MALONEY, STE 8748 MINNOW ( TALLAHASSEE,	CREEK DR. FL 32312		Title: Name: Address: City-St-Zip:	MALONEY, ST 3326 WILDWO TALLAHASSEE	OOD TRAIL E, FL 32312	
Title: Name: Address: City-St-Zip:	SEC () MALONEY, STE' 8748 MINNOW ( TALLAHASSEE,	CREEK DR.		Title: Name: Address: City-St-Zip:	SEC (X MALONEY, ST 3326 WILDWO TALLAHASSEE	OOD TRAIL	dition

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN B. MALONEY VP 03/21/2006

() Change () Addition