2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

04-21-06

Daytime Phone #

DOCUMENT # P05000027490 1. Entity Name MALERS, INC.								04-28-2006	•	5 ***15(0.00
Principal Place	e of Busines	:S	M	ailing Address			1				
1733 BLUE LAKE COURT				733 BLUE LAKE COU							
TARPON SPRINGS, FL 34689				ARPON SPRINGS, FL		•					
								I adiri d eni ad ik dahi da			
2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #. etc.			04192006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State		4. FEI Numb	20-47	2258	<i>•</i> → →	plied For t Applicable	
Zip	Country			Zip Coun		atry	5. Certificate	of Status Desired		8.75 Add ee Required	
	6. Name	and Address	of Current Regis	tered Agent		7. Name and Address of New Registered Agent					
EICCENED MICHAEL						Name					
FIGGENER, MICHAEL 1733 BLUE LAKE COURT						Street Address (P.O. Box Number is Not Acceptable)					
TARPON SPRINGS, FL 37689											
						City FL Zip Code					
8. The above	named entit	ty submits this s	tatement for the p	ourpose of changing its	ed office or registe	ered agent, or bo	oth, in the State of Fig		miliar with.	and accept	
 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											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.							5.00 May Be Ided to Fees				
10.	OFFICERS AND					ADDITIONS	CHANGES TO OFF			3 IN 11	
TITLE NAME	D FIGGENER, MICHAEL			☐ Delele TITLE NAM		1				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP	TARPON	SPRINGS, F	L 37689	CITY		-ST-ZIP					
TITLE				☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS				NAM STRE		ie Eet address					
CITY-ST-ZIP						-ST-ZIP					
TITLE	☐ Delete #Ift.					E				☐ Change	Addition
NAME	[NAM	-					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- ST-ZIP				•	
TITLE		•		☐ Delete	TITL					☐ Change	Addition
NAME				23 00000	NAM	l					La radición
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE NAME				☐ Delete	TITL NAM	1				☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE				☐ Delete	THIL					☐ Change	Addition
NAME STREET ADDRESS					NAM STRI	IE EET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
12. I hereby	certify that th	ne information s	upplied with this f	iting does not qualify for	or the ex	emptions containe	ed in Chapter 11	9, Florida Statutes.	I further certif	y that the ir	nformation
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.											