

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000031177

Entity Name: MALICIOUS DAMAGE INC.

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2115 NE 37 DR #124  
FT LAUDERDALE, FL 33308

## **New Principal Place of Business:**

## **Current Mailing Address:**

2115 NE 37 DR #124  
FT LAUDERDALE, FL 33308

## **New Mailing Address:**

FEI Number: 59-3799775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD  
Name: TOMASELLI, ANTHONY C  
Address: 2115 NE 37 DR #124  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: V  
Name: TOMASELLI, PATRICIA  
Address: 2115 NE 37 DR #124  
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY C TOMASELLI

PSTD

04/29/2010

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

\_\_\_\_\_  
Date