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FILED
Jun 12, 2007 8:00 am
Secretary of State

05-08-2007 90006 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120655

1. Entity Name
MALABAR CREAMERIES, INC.

66018740

Principal Place of Business	Mailing Address
2700 CROTON RD., BLDG. 5, APT. 15 MELBOURNE, FL 39235	2700 CROTON RD., BLDG. 5, APT. 15 MELBOURNE, FL 39235

05042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. NOT YET	Suite, Apt. #, etc. OPERATIONAL
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LACEY, CARIE 2700 CROTON RD., BLDG. 5, APT. 15 MELBOURNE, FL 39235	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Carie Lacey 4/30/07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARY F LACEY 4016 Glenville Rd Cochranville PA 19330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/ TREASURER JOHN J LACEY 4016 Glenville Rd Cochranville PA 19330	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Carie Lacey 4/30/07 484-880-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
66018740
#P06000120655

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Malabar Creameries
4016 Glenville Road
Cochranville, PA 19330

Phone Number: 484 880 7078
Fax Number 610 869-9822

Email jmflacey@yahoo.com

FAX TRANSMITTAL FORM

To:	From:
Name:	Date Sent:
CC:	
Phone:	Number of Pages:
Fax:	

Message:

To Whom It May Concern,

I tried to file this on the internet before May 1. Due to problems with your site I was unable to download the form, or process the filing electronically.

Please find enclosed the completed form & payment.

Thank You!

Mary Lacey