


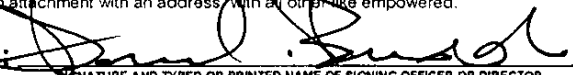


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 003 \*\*\*158.75

<b>DOCUMENT # P06000144772</b> 1. Entity Name <b>MAUI INDUSTRIES, INC.</b>					
Principal Place of Business <b>7491 NORTH FEDERAL HIGHWAY C5-296 BOCA RATON, FL 33487</b>			Mailing Address <b>7491 NORTH FEDERAL HIGHWAY C5-296 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>113791581</b> (11-3791581)	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>DONNA BUDD</b> Street Address (P.O. Box Number is Not Acceptable) <b>7491 NORTH FEDERAL Hwy C5-296</b> <b>BOCA RATON</b> City <b>FL</b> Zip Code <b>33487</b>	
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 				DATE <b>4.11.07</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PSTD</b> NAME <b>BUDD, DONNA</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>7491 NORTH FEDERAL HIGHWAY C5-296</b> CITY-ST-ZIP <b>BOCA RATON, FL 33487</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>DIRECTOR</b> NAME <b>DEBORAH VAN HORN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>504 AUTUMNGATE DR</b> CITY-ST-ZIP <b>CARY NC 27511</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>SECRETARY</b> NAME <b>MICHAEL VAN HORN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>504 AUTUMNGATE DR.</b> CITY-ST-ZIP <b>CARY NC 27511</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <b>TREASURER</b> NAME <b>RON BAREREZ</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <b>3495 PALLADIAN CIRCLE</b> CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33442</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<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>4.11.07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	