



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90024 012 \*\*\*150.00

<b>DOCUMENT # P07000127655</b>					
1. Entity Name <b>MALLORY &amp; MCCALL INC</b>					
Principal Place of Business <b>4915 RATTLESNAKE HAMMOCK RD SUITE #139 NAPLES, FL 34113</b>			Mailing Address <b>4915 RATTLESNAKE HAMMOCK RD SUITE #139 NAPLES, FL 34113</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>20-1483901</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRINKMAN, BOB 4915 RATTLESNAKE HAMMOCK RD SUITE #139 NAPLES, FL 34113</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GELLER, MALLORY		NAME		
STREET ADDRESS	<del>1640 S HOBART BLVD</del>		STREET ADDRESS	<b>4915 Rattlesnake Hammock Rd # 139</b>	
CITY-ST-ZIP	<del>LOS ANGELES, CA 90006</del>		CITY-ST-ZIP	<b>Naples, FL 34113</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALL GELLER, JAN		NAME		
STREET ADDRESS	<del>1640 S HOBART BLVD</del>		STREET ADDRESS	<b>4915 Rattlesnake Hammock Rd # 139</b>	
CITY-ST-ZIP	<del>LOS ANGELES, CA 90006</del>		CITY-ST-ZIP	<b>Naples, FL 34113</b>	
TITLE	TMP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKMAN, BOB		NAME		
STREET ADDRESS	4915 RATTLESNAKE HAMMOCK RD #139		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKMAN, JENNIFER		NAME		
STREET ADDRESS	4915 RATTLESNAKE HAMMOCK RD #139		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		JENNIFER BRINKMAN		4/9/08. 289.774.3713	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	