

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129440

Entity Name: MALEA CONSULTING, INC.

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5311 GROVEWOOD CT  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 24646  
JACKSONVILLE, FL 32241

**New Mailing Address:**

5311 GROVEWOOD CT  
ST. AUGUSTINE, FL 32092

FEI Number: 26-1518463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, DALE D  
5311 GROVEWOOD CT  
ST. AUGUSTINE, FL 32092 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: P  
Name: LEWIS, DALE D  
Address: 5311 GROVEWOOD CT  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: LEWIS, LISA M  
Address: 5311 GROVEWOOD CT  
City-St-Zip: ST AUGUSTINE, FL 32092

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: DALE LEWIS

P

01/26/2010

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

\_\_\_\_\_  
Date