

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021782

Entity Name: MALTREND, INC.

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

457 ELLENTON RUN  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

457 ELLENTON RUN  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 27-2092458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILCOX, TIM  
457 ELLENTON RUN  
THE VILLAGES, FL 32162 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: WILCOX, TIM  
Address: 457 ELLENTON RUN  
City-St-Zip: THE VILLAGES, FL 32162

Title: DVPS  
Name: WILCOX, SUZANNE  
Address: 457 ELLENTON RUN  
City-St-Zip: THE VILLAGES, FL 32162

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: TIM WILCOX

DPT

04/10/2011

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

\_\_\_\_\_  
Date