


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000057541 1. Entity Name MALLARD CONSTRUCTION, INC.	
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Principal Place of Business 11511 NELLIE OAKS BEND CLERMONT, FL 34711	Mailing Address 11511 NELLIE OAKS BEND CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3194677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PORTER, ROBERT
11511 NELLIE OAKS BEND
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000827881 02/22/08-80008-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, ROBERT C 11525 NELLIE OAKS BEND CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PORTER, RUTH 11511 NELLIE OAKS BEND CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, ROBERT 11511 NELLIE OAKS BEND CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, RUTH 11511 NELLIE OAKS BEND CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Robert Porter* **2-11-08 352-243-8818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #