2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# P94000093952

Entity Name: MALIBU EAST ENTERPRISES, INC.

Current Principal Place of Business:

4616 VAN KLEECK DR
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

511 SOUTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

4616 VAN KLEECK DR
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

511 SOUTH DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3306489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUDLEY, JOSEPH P
403 DOWNING ST
NEW SMYRNA BEACH, FL 32168 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: DPV ( ) Delete
Name: ALLER, BONNIE L
Address: 4616 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: ST ( ) Delete
Name: ALLER, BONNIE L
Address: 4616 VAN KLEECK DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPV (X) Change ( ) Addition
Name: ALLER, BONNIE L
Address: 428 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: ST (X) Change ( ) Addition
Name: ALLER, BONNIE L
Address: 428 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE LYNN ALLER DPV 03/25/2008
Electronic Signature of Signing Officer or Director Date