## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 05, 2005 08:00 AM Secretary of State DOCUMENT # P95000007051 DAVÍD E. MALLEN, P.A. Principal Place of Business Mailing Address 120 E. ROBINSON ST. 120 E. ROBINSON ST. ORLANDO, FL 32801 ORLANDO, FL 32801 04262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3301824 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALLEN, DAVID E DO NOT WRITE 120 EAST ROBINSON STREET ORLANDO, FL 32801 IN THIS SPACE 8. The above named entity submits 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 4-29-05 SIGNATURE nicial rame of registered agent will all it applicable INOTE, Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MALLEN, DAVID STREET ADDRESS 120 E. ROBINSON ST ORLANDO, FL 32801 \_\_\_\_000000362374 05/05/05-80113-016 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trastee 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 the address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**