


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000038175</b>	
1. Entity Name <b>MALONE ENTERPRISES, INC.</b>	

Principal Place of Business <b>128 LEA AVENUE LONGWOOD, FL 32750</b>	Mailing Address <b>128 LEA AVENUE LONGWOOD, FL 32750</b>
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02032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3315424</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MALONE, ROBYN L 128 LEA AVENUE LONGWOOD, FL 32750</b>
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**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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1000000426919 02/20/06-80062-013 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, ROBYN L 128 LEA AVENUE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, ALAN B 128 LEA AVENUE LONGWOOD, FL 32750
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**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:** *Robyn L. Malone* **Robyn L. Malone** **2/4/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #