

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058274

Entity Name: MALE POUCH, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 65-0665754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCROBERTS, SAMUEL J PCEO  
504 OVERLOOK DR  
NORTH PALM BEACH, FL 33408      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: PCEO ( ) Delete  
Name: MCROBERTS, SAMUEL J  
Address: 5040 OVERLOOK DR  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D ( ) Delete  
Name: KVARNBERG, LEE  
Address: 529 30TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: GOLDBLUM, KENNETH  
Address: 1013 SW BLUE STEM WAY  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SAMUEL J MCROBERTS

PCEO

04/30/2009

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

\_\_\_\_\_ Date