

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000061081

**FILED  
Jul 03, 2007  
Secretary of State****Entity Name:** M A L PROPERTIES, INC.**Current Principal Place of Business:**183 S E CAMELOT LOOP  
#101  
LAKE CITY, FL 32025 US**New Principal Place of Business:**1970 N US HWY 441  
LAKE CITY, FL 32055 USP. O. BOX 6  
WHITE SPRINGS, FL 32096 US**Current Mailing Address:****New Mailing Address:****FEI Number:** 59-3417808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEADINGHAM, LEROY  
1970 N US HWY 441  
LAKE CITY, FL 32055 US**Name and Address of New Registered Agent:**RON, PEACOCK  
206 S. MARION ST.  
LAKE CITY, FL 32025 US

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: RON PEACOCK

07/03/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: LEADINGHAM, LEROY  
Address: 1970 N US HWY 441  
City-St-Zip: LAKE CITY, FL 32055 USTitle: VP ( ) Delete  
Name: LEADINGHAM, KATHLEEN M  
Address: 105 TARRYTON CT. W  
City-St-Zip: COLUMBUS, OH 43228 USTitle: 2VP ( ) Delete  
Name: BROWN, KIM  
Address: 2037 TOMAHAWK  
City-St-Zip: PORT HUGNEME CALIF, FL 93041 USTitle: 3VP (X) Delete  
Name: GATLEY, DONNA  
Address: 5756 OYSTER BAY WAY  
City-St-Zip: GALLOWAY, OH 43119Title: 4VP (X) Delete  
Name: LEADINGHAM, JAMES  
Address: 1121 OSLO PASS  
City-St-Zip: GALLOWAY, OH 43119**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: PEACOCK, RON  
Address: P. O> BOX 6  
City-St-Zip: WHITE SPRINGS, FL 32096 USTitle: S (X) Change ( ) Addition  
Name: PEACOCK, RON  
Address: 206 S. MARION ST.  
City-St-Zip: LAKE CITY, FL 32025 USTitle: T (X) Change ( ) Addition  
Name: PEACOCK, RON  
Address: 206 S. MARION ST.  
City-St-Zip: LAKE CITY, FL 32025 USTitle: ( ) 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: RON PEACOCK

P

07/03/2007

Electronic Signature of Signing Officer or Director

Date