

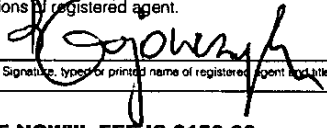
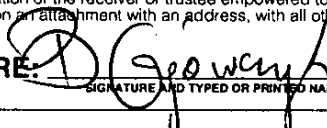


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90180 018 ***150.00

DOCUMENT # P97000001935 1. Entity Name HURT & MALUCH INC.					
Principal Place of Business 5794 TIMBER LAKE DR SARASOTA, FL 34243			Mailing Address 5794 TIMBER LAKE DR SARASOTA, FL 34243		
2. Principal Place of Business 4802-51ST STREET WEST		3. Mailing Address 4802-51ST STREET WEST		50044733 	
Suite, Apt. #, etc. Apt # 1702		Suite, Apt. #, etc. Apt # 1702		04242005 Chg-P CR2E034 (10/03)	
City & State BRADENTON FLORIDA		City & State BRADENTON FLORIDA		4. FEI Number 59-3422628	
Zip 34210		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GAJOWCZYK, PAWEL 5794 TIMBER LAKE DR SARASOTA, FL 34243			7. Name and Address of New Registered Agent Name GAJOWCZYK, PAWEL Street Address (P.O. Box Number is Not Acceptable) 4802-51ST STREET WEST, APT # 1702 City BRADENTON FL Zip Code 34210		
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  GAJOWCZYK, PAWEL <small>Signature, typed or printed name of registered agent, and title if applicable.</small>			DATE 04/23/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAJOWCZYK, PAWEL 5794 TIMBER LAKE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAJOWCZYK, BARBARA 5794 TIMBER LAKE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAJOWCZYK, BARBARA 5794 TIMBER LAKE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAJOWCZYK, BARBARA 5794 TIMBER LAKE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAJOWCZYK, BARBARA 5794 TIMBER LAKE DR SARASOTA, FL 34243	<input type="checkbox"/> Delete			
12. 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 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:  GAJOWCZYK, PAWEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 04/23/2005 <small>Date</small>		