Jun. 2. 2005 9:55AM No. 0813 P. 1

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000022148

1. Entity Name
MALONE STEEL CORPORATION

FILED
05 JUN -7 PM 4:30
SECRE[illegible]
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10760 US 1 NORTH ST. AUGUSTINE, FL 32095	10760 US 1 NORTH ST. AUGUSTINE, FL 32095

2. Principal Place of Business / 3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt #, etc.
City & State / City & State
Zip / Country / Zip / Country

06012005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3503036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALONE, JAMES C
10760 US 1 NORTH
ST. AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name: JEFF MALONE
Street Address (P.O. Box Number is Not Acceptable): 10760 US 1 North
City: St. Augustine FL Zip Code: 32095

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 ______ 6-6-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ $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	PSD MALONE, JAMES C 10760 US 1 NORTH ST. AUGUSTINE, FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500056633775 06/29/05--01004--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD MALONE, JEFF 10760 US 1 NORTH ST. AUGUSTINE, FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, S, T, D 9245 Dam Road St Augustine, Florida 32092-1005 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______ 6-6-05 904-808-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #