


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000018273</b> 1. Entity Name MALACOS, INC.	
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Principal Place of Business 6330 CLARK ST HUDSON, FL 34667	Mailing Address 6330 CLARK ST HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3496561	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MALACOS, GEORGE 6330 CLARK STREET HUDSON, FL 34667
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MALACOS, GEORGE 10435 KEY LANTERN DR. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MALACOS, MICHAEL 11117 THORNBERRY DR. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MALACOS, JOHN 79616 LAUREL OAK CT PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST MALACOS, ELENI 12832 SAND CRANE WAY HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000230853  
02/16/05-80007-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>GEORGE MALACOS</b>	Date <b>2/14/05</b>	Daytime Phone # <b>727-868-1823</b>
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