


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90379 003 ***150.00

DOCUMENT # P99000002714	
1. Entity Name MAL FOUNDATION INC.	

Principal Place of Business 4377-G CRAWFORDVILLE RD. TALLAHASSEE, FL 32310	Mailing Address 4377-G CRAWFORDVILLE RD. TALLAHASSEE, FL 32310
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2. Principal Place of Business <i>Same as above</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40061367



04132006 Chg-P CR2E034 (11/05)

4. FEI Number 31-1600551	Applied For <input type="checkbox"/> 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 HOOKS, MARY 2423 RAMBLEWOOD CT TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOOKS, MARY 2423 RAMBLEWOOD CT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, DARRYL 2423 RAMBLEWOOD CT TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, ANGELA 2306 JOEL DRIVE ALBANY, GA 31705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, JENNIFER 2603 GUN STREET TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JONES, JENNIE <i>Norman</i> 148 OLD BETHEL RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LELAND, CONSTANCE/PAUL 4584 OLD MAGNOLIA RD TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LaRhonda Washington</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>5010 Isabelle Drive</i> <i>Tallahassee, FL 32305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>LaRhonda Washington</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>5010 Isabelle Drive</i> <i>Tallahassee, FL 32305</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Mary L. Cain-Hooks* 4/20/06 Hm-850-523-0335 sch-850-309-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #