2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-08-2006 90002 050 ***150.00 DOCUMENT # P99000105054 MALIBU CAPITAL FL., INC. Mailing Address Principal Place of Business 40095051 337 MINNESOTA AVENUE 337 MINNESOTA AVENUE ST. CLOUD, FL 34769 ST. CLOUD, FL 34769 04172006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3609751 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SOMERO, NORMA L DO NOT WRITE 337 MINNESOTA AVENUE SAINT CLOUD, FL 34769 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS 10. TITLE JONES, STEVEN A NAME: STREET ADDRESS 337 MINNESOTA AVENUE ST. CLOUD, FL 34769 CITY-SI-ZIP TITLE NAME SOMERO, NORMA L STREET ADDRESS 337 MINNESOTA AVENUE CITY-ST-ZIP SAINT CLOUD, FL 34769 TITLE STREET ADDRESS DO NOT WRITE CLIY-SI-ZIP iiiii f IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE MALES STREET ADDRESS CITY-SI-ZIP SITE STREET ADDRESS CITY-ST-7/P 12. Thereby certify that the information supplied with this filling 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. mus as Secretary Director 04/17/06 407 738-5079

FILED Jun 08, 2006 8:00 am Secretary of State

ATTACHMENT

40095051

MALIBU CAPITAL FL., INC.

337 Minnesota Avenue Saint Cloud, Florida 34769 (407) 908-3701 or (407) 738-5079

June 6, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Attn: Annual Reports Section

Reference Number:

P99000105054

Dear Sir or Madame:

Enclosed find your letter dated May 18, 2006, but received by us on <u>June 5</u>, <u>2006.</u>

Also, enclosed find our copy of the report and our check #2532 mailed to you on or about April 17, 2006 in the same envelope. We have checked our bank statements and note that the above check has not yet been cashed. Apparently, our check got separated from the Annual Report upon receipt.

We are enclosing another check #2554 dated this date in the amount of \$150.00. If check #2532 is found, please return it to us.

If you need to contact us, please call (407) 738-5079.

Sincerely,

Horna Somero, as Secretary Norma Somero

Enclosures

OU Copy

2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P99000105054 1. Entity Name MALIBU CAPITAL FL., INC Principal Place of Business Mailing Address **337 MINNESOTA AVENUE** 337 MINNESOTA AVENUE ST. CLOUD, FL 34769 ST. CLOUD, FL 34769 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SOMERO, NORMA L 337 MINNESOTA AVENUE SAINT CLOUD, FL 34769 8. The above named entity submits this statement for the purpose of changing its registered office or regi the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature rec 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11116 JONES, STEVEN A NAME STREET ADDRESS 337 MINNESOTA AVENUE CITY-ST-ZIP ST. CLOUD, FL 34769 NAME SOMERO, NORMA L 337 MINNESOTA AVENUE SURFEL ADDRESS CHTY - ST - ZIP SAINT CLOUD, FL. 34769 Division of Corporations NAME STREET ADDRESS CHY SI-78 NAME STREET ADDRESS CHY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-7IP IIILE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 charged, or on an attachment with an address, with all other like empowered. Das Secretary Director 04/17/06

SIGNATURE: Z