2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # S23509 Jul 09, 2008 08:00 AM Secretary of State 1. Entity Name MALCO CONSTRUCTION INC. Principal Place of Business Mailing Address 13420 CARIBBEAN BLVD 7760 BARTHOLOMEW DR.NE US FT MYERS, FL 33905 US NORTH FT MYERS, FL 33917 06122008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0238818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUDERS, MICHAEL A. 13420 CARIBBEAN BLVD FT MYERS, FL 33905 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) Signature, typed or printed name of registered agent and little / applicable, 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE NAME LUDERS, MICHAEL A 13420 CARIBBEAN BLVD STREET ADDRESS FT MYERS, FL 33905 CITY+ST-ZIP TIFLE COOK, CHRIS U00000953705 07/09/08-80002-014 150.00 7760 BARTHOLOMEW DR. STREET ADDRESS NORTH FORT MYERS, FL 33917 CITY-ST-ZIP TITLE ALDEN, RUSSELL B NAME 1033 IONE DR STREET ADDRESS DO NOT WRITE FT MYERS, FL 33919 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-SI-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP