


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90008 032 \*\*\*150.00

**DOCUMENT # F06000006974**

1. Entity Name  
**MABANAFT INC.**



Principal Place of Business  
**50 OLD KINGS HWY N  
 DARIEN, CT 06820**

Mailing Address  
**50 OLD KINGS HWY N  
 DARIEN, CT 06820**

2. Principal Place of Business - No P.O. Box #  
**3700 BUFFALO SPEEDWAY**  
 Suite, Apt. #, etc.  
**SUITE 750**

3. Mailing Address  
**3700 BUFFALO SPEEDWAY**  
 Suite, Apt. #, etc.  
**SUITE 750**

City & State  
**HOUSTON TX**



01172008 Chg-P CR2E034 (12/06)

Zip **77098** Country

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4. FEI Number  
**20-0791208**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Terri McKenzie* **TERRI MCKENZIE, MANAGER** 1/17/08  
Signature, typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent signature required when re-designating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLACH, CHRISTIAN	
STREET ADDRESS	ADMIRALITAESTR 55	
CITY - ST - ZIP	20459 HAMBURG GERMANY,	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHUTZ, CHRISTIAN	
STREET ADDRESS	50 OLD KINGS HWY N	
CITY - ST - ZIP	DARIEN, CT 06820	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LODGE, TREVOR	
STREET ADDRESS	50 OLD KINGS HWY N	
CITY - ST - ZIP	DARIEN, CT 06820	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN DER VELDEN, JAN W	
STREET ADDRESS	ADMIRAJITACTSTRASSE 55	
CITY - ST - ZIP	20459 HAMBURG GERMANY,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAUN REVERE	
STREET ADDRESS	3700 BUFFALO SPEEDWAY, SUITE 750	
CITY - ST - ZIP	HOUSTON, TX 77098	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUCK HYNEL	
STREET ADDRESS	3700 BUFFALO SPEEDWAY, SUITE 750	
CITY - ST - ZIP	HOUSTON, TX 77098	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - 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.

SIGNATURE: *Charles J. [Signature]* - CFO 1-17-08 281 404 4649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Reverse Phone #