

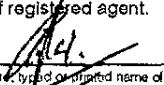



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | | | | | |
|---|---|---|---|---|-----------|
| DOCUMENT # P02000035435 | | |  | | |
| 1. Entity Name MAALI, INC. | | Principal Place of Business 19300 US HWY 27 SOUTH LAKE WALES FL 33853 | | Mailing Address 19300 US HWY 27 SOUTH LAKE WALES FL 33853 | |
| 2. Principal Place of Business | | 3. Mailing Address | |  1st MOORE CR2E034 (10/04) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 04-3638966 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SYED, MUHAMMAD A 3290 CYPRESS GARDENS RD WINTER HAVEN FL 33881 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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  | | M.A. SYED (ATTORNEY-IN-FACT) | | DATE 02/04/05 | |
| <small>Signature typed or printed name of registered agent and title if applicable</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | <small>DATE</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1/2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KAPADIA, HASAN J | NAME | U00000220854 | | |
| STREET ADDRESS | 19300US HWY 27 SOUTH | STREET ADDRESS | 02/09/05-80008-010 150.00 | | |
| CITY - ST - ZIP | LAKE WALES FL 33853 | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | M.A. SYED (ATTORNEY-IN-FACT) | | DATE 02/04/05 863-324-5894 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE</small> | | <small>Daytime Phone #</small> | |