


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 307055</b> 1. Entity Name <b>MEDENWALD INCORPORATED</b>	
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Principal Place of Business <b>2331-1 BRUNER LN FT MYERS FL 33912</b>	Mailing Address <b>2331-1 BRUNER LN FT MYERS FL 33912</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/05)

City & State	City & State	4. FEI Number <b>59-1145451</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>VOTAW, ROBERT W. 2331-1 BRUNER LN FORT MYERS FL 33912</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	STD	<input type="checkbox"/>
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DRIVE	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	V	<input type="checkbox"/>
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DRIVE	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	OFF	<input type="checkbox"/>
NAME	MEDENWALD, GARY	
STREET ADDRESS	151 S.W. 51ST ST.	
CITY- ST- ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/>
NAME	VOTAW, ROBERT W, JR	
STREET ADDRESS	1240 WALES DR	
CITY- ST- ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000429909	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	02/22/06-80027-020 150.00		
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Section 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: R. W. Votaw, Jr.      Date: 1-30-06      Daytime Phone #: 239481-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR