

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056023

FILED  
May 17, 2006  
Secretary of State

Entity Name: MENNA BROTHERS NUMBER TWO, INC.

**Current Principal Place of Business:**

38724 US 19N  
STE 100  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

38724 US 19N  
STE 294  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P.O. BOX 1297  
TARPON SPRINGS, FL 346881297 US

**New Mailing Address:**

FEI Number: 59-3459269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENNA, AGOSTINO  
2958 KENILWICK DR N  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MENNA, MARIO  
Address: 38724 US 19N  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: CEO ( ) Delete  
Name: MENNA, JOHN  
Address: 38724 US 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: MENNA, AGOSTINO  
Address: 2958 KENILWICK DR N  
City-St-Zip: CLEARWATER, FL 33761

Title: DSTV ( ) Delete  
Name: MENNA, MARCO  
Address: 2896 CHANCERY LANE  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO MENNA

VP

05/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date