


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S83991
1. Entity Name
MEA GROUP, INC.



Principal Place of Business 9015 TOWN CENTER PARKWAY SUITE 105 LAKEWOOD RANCH, FL 34202 US	Mailing Address 9015 TOWN CENTER PARKWAY SUITE 105 LAKEWOOD RANCH, FL 34202 US
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04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0287818	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROLANDO DOCTORA
9015 TOWN CENTER PARKWAY
SUITE 105
LAKEWOOD RANCH, FL 34202**

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBINO, GEORGE 9015 TOWN CENTER PKWY., SUITE 105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOCTORA, ROLANDO 9015 TOWN CENTER PKWY., SUITE 105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, GLORIA 9015 TOWN CENTER PKWY., SUITE 105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, SCOTT 9015 TOWN CENTER PKWY., SUITE 105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERS, LISA 9015 TOWN CENTER PKWY., SUITE 105 LAKEWOOD RANCH, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80044-008 150.00

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: Gloria C. Brady (Gloria C. Brady) 4-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #