


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 014 \*\*\*150.00

**DOCUMENT # V32070**  
 1. Entity Name  
**MANAGEMENT RECRUITERS OF MELBOURNE, INC.**



Principal Place of Business      Mailing Address  
 1600 SARNO ROAD      1600 SARNO ROAD  
 SUITE 212      SUITE 212  
 MELBOURNE FL 32935      MELBOURNE FL 32935  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3132479**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CINCO, LARRY**  
**134 5TH AVE**  
**SUITE 208**  
**INDIALANTIC FL 32909**

7. Name and Address of New Registered Agent  
 Name  
**Management Recruiters of Melbourne, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1600 SARNO Rd #212**  
 City  
**MELBOURNE**      FL      Zip Code  
**32935**

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 *Larry Cinco* **PRESIDENT LARRY CINCO**      DATE **1/30/06**

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	CINCO, LARRY	
STREET ADDRESS	134 5TH AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	OCEO	<input type="checkbox"/> Delete
NAME	CINCO, SUSAN	
STREET ADDRESS	134 FIFTH AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT **	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1600 SARNO Rd SUITE 212	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1600 SARNO Rd SUITE 212	
CITY-ST-ZIP	MELBOURNE FL 32935	
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 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: *Larry Cinco*      **LARRY CINCO**      DATE **1/30/06**      DAYTIME PHONE **321-951-7644**