## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # 326421  1. Entity Name MEWS SOUTH INC					04-20-2006 90241 001 *1,350.00			
Principal Plac	e of Business	Mailing Address	<u> </u>		CC	010899		
6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435  6833 NORTH OCEAN BOULEVAR OCEAN RIDGE, FL 33435				1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANIAR ((BIG B)(1) B)B/R ((BB/ B)R) B/B/		OVT IL IEO	
2. Principal Place of Business 3. Mailing Address 6855 N. Occo			n Blud	Bud				
Suite, Apt. #, etc. Suite, Apt. #, etc.				0119200	6 Chg-P CF	R2E034 (11/05)		
City & State		Ocean Ridge FL		4. FEI Nur 59-1:	nber 286220		olied For Applicable	
Zip	Country		Country		ate of Status Desired	¢0.75 Augus	tional	
	6. Name and Address of Current			7. Name a	nd Address of New Regist	ared Agent		
				Name				
HARRISON, CAROL GM 6849 M-GGEANBEVD.				Street Address (P.O. Box Number is Not Acceptable)				
OCEAN RIDGE, FL 33435			627	6855 N OCEAN BIVA.				
				SEAN Ridge FL Zip Code				
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 HAVE SIGNATURE 4-11-06								
Eggsture, Med of printed name of registered agent and title if applicable. (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 \$5.00 May Be Trust Fund Contribution.  Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIO	NS/CHANGES TO OFFICERS	AND DIRECTORS	iN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AALFS, JOHN 8045 N. GCEAN BLVD. OCEAN RIDGE, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6833 N.	Ocean Bird.	Change	Addition	
TITLE	D	☐ Delete	TITLE			Change	☐ Addition	
NAME	FLINK, ROBERY MRS.		NAME		a. l	~ '		
STREET ADDRESS CITY-ST-ZIP	6849 N OCEAN BLVD OCEAN RIDGE, FL 33435		STREET ADDRESS CITY-ST-ZIP	6833 N.C	recon Blud.			
TITLE	s\ /	Delete	TITLE	3	- 1	'ange	Addition	
NAME	ANDRAS, JOAN	<b>/</b> \	NAME	HAF	RRISON, Carol 5 N. Ocean B	u d		
STREET ADDRESS CITY+ST-ZIP	6849 M SCEAN BLVD OPEAN RINGE, FL 33435		STREET ADDRESS CITY-ST-ZIP	683 Otea	s N. Ocean B n Ridge, FL	33435		
TITLE	PD /	Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME AFREE LOOPERS	MACKEOHNÉ, ANDREW	, ,	NAME .					
STREET ADDRESS CITY+ST+ZIP	6849 N OCEAN BLVD OCEAN RIDGE, FL 33435		STREET ADORESS CITY-ST-ZIP					
TITLE	D	 □ Delete	TITLE			Change	☐ Addition	
NAME	SHIPKA, RONALD	<u> </u>			ə. l			
STREET ADDRESS	6840 N CCEAN BLVD.		STREET ADDRESS	6833 N. C	reeuw Blud.	_		
CITY-ST-ZIP	OCEAN RIDGE, FL 33435		CITY-ST-ZIP	Ocean Ki	150, FL 334	ک3		
TITLE	D NOITE HE	☐ Delete	TITLE		rceun Blud. Age, FL 334 reen Blud.	Change	☐ Addition	
NAME STREET ADDRESS	NOLTE, HE		NAME STREET ADDRESS	6833 N.C	reema Blod.			
	6849 N OCEAN BLVD							

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06 561-737-6770