
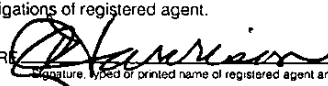
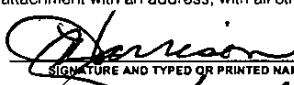


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90241 001 *1,350.00

DOCUMENT # 326421 1. Entity Name MEWS SOUTH INC					
Principal Place of Business 6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435			Mailing Address 6833 NORTH OCEAN BOULEVARD OCEAN RIDGE, FL 33435		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 6855 N. Ocean Blvd		
City & State Ocean Ridge, FL			4. FEI Number 59-1286220		
Zip 33435			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HARRISON, CAROL GM 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6855 N Ocean Blvd. City Ocean Ridge FL Zip Code 33435		
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:  DATE: 4-11-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AALFS, JOHN 6849 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 6833 N. Ocean Blvd. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLINK, ROBERT MRS. 6849 N. OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6833 N. Ocean Blvd. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRAS, JOAN 6849 N. OCEAN BLVD OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, Carol 6855 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKECHNIE, ANDREW 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6833 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPKA, RONALD 6849 N OCEAN BLVD. OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6833 N. Ocean Blvd. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLTE, H E 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6833 N. Ocean Blvd. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: 4-11-06 DAYTIME PHONE: 561-737-6770		