2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2006 08:00 A Secretary of State

Applied For Not Applicable

| DOCUMENT # 50602 1. Entity Name MEL SMITH, INC. | 6 | | | | Sec | rei | ary o |
|--|---|----------------|-----------------------------------|-------------------|---------|--------|---------------------------------|
| Principal Place of Business | Mailing Address | · | 1 | | | | |
| 1853 KINGS AVENUE JACKSONVILLE, FL 32207 | 1853 KINGS AVENUE JACKSONVILLE, FL 32207 | | | | | | |
| | | | | | | | |
| | | | 03212006 No Chg-P CR2E034 (11/05) | | | 11/05) | |
| DO NOT WE | RITE IN THIS SPA | CE | 4. FEI Number Appli | | Applied | | |
| Į. | | | 59-172 | 5477 | | | Not App |
| | | | 5. Certificate | of Status Desired | | | 75 Additiona Required |
| 5. Name and Address o | f Current Registered Agent | | <u> </u> | | · . | | <u></u> |
| SMITH, JR. C 1853 KINGS AVENUE | | | DO | NOT W | RIT | Έ | |

| 8. The above named entity subm | its this statement for the purpose of changing its regist | ered office or registered agent, or b | oth, in the State of Florida. | I am familiar with, and accept |
|----------------------------------|---|---------------------------------------|-------------------------------|--------------------------------|
| the obligations of registered as | | | | |

(NOTE: Registered Agent signature required when reinstating)

 \Box

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if appacable

JACKSONVILLE, FL 32209

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000563122 05/19/06-80082-012 150.00

10. OFFICERS AND DIRECTORS TITLE PSTD SMITH, CARL MELVIN JR. NAME STREET ADDRESS 1113 TIBER AVE. JACKSONVILLE, FL CITY-SI-ZIP NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

IN THIS SPACE

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 trustile 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: 4

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl M Smith, Jr. /4/26/06