


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 531687
 1. Entity Name
MEDLEY RESOURCES, INC.



Principal Place of Business Mailing Address
9401 NW 106TH ST **9401 NW 106TH ST**
STE 101 **STE 101**
MEDLEY, FL 33178 US **MEDLEY, FL 33178 US**

DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1740035 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON, BARNETT ESQ
120 W PALMETTO PARK RD
STE 260
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | LARGAY, CHARLES E. |
| STREET ADDRESS | 9401 NW 106TH ST, STE 101 |
| CITY- ST- ZIP | MEDLEY, FL |
| TITLE | ST |
| NAME | LARGAY, CHARLES E JR |
| STREET ADDRESS | 9401 NW 106TH ST, STE 101 |
| CITY- ST- ZIP | MEDLEY, FL 33178 |
| TITLE | AS |
| NAME | KNOWLES, JANET |
| STREET ADDRESS | 9401 NW 106TH ST, STE 101 |
| CITY- ST- ZIP | MEDLEY, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

000000520448
 05/02/06-80093-017 150.00

DO NOT WRITE 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 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: Janet Knowles **JANET KNOWLES,** **4/18/06** **305-885-2458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant, Secy. Date Daytime Phone #