

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 573269

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: MEANINGFUL INVESTMENTS CORPORATION

**Current Principal Place of Business:**

% JOSIAS & GOREN, P.A.  
3099 E. COMMERCIAL BLVD., #200  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

% JOSIAS & GOREN, P.A.  
3099 E. COMMERCIAL BLVD., #200  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 59-1878804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOREN, SAMUEL S.  
3099 E. COMMERCIAL BLVD  
#200  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: GREEN, HAROLD,  
Address: 2201 NW 30TH PL  
City-St-Zip: POMPANO BCH, FL

Title: D ( ) Delete  
Name: GREEN, HAROLD,  
Address: 2201 NW 30TH PL  
City-St-Zip: POMPANO BCH, FL

Title: O ( ) Delete  
Name: GREEN, CARY,  
Address: 2201 NW 30TH PL  
City-St-Zip: POMPANO BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY GREEN

O

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date