2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728381

Entity Name: MECE, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 625 NE MIZNER BLVD BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 625 NE MIZNER BL BOCA RATON, FL 33432 FEI Number: 59-1483850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, LINDA 3190 LEÉWOOD TER. APT. L104 BOCA RATON, FL 33431 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THOMPSON, AL TRES Name: Name: 22171 CROFTON COURT Address: Address: BOCA RATON, FL 33428 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition MICHAEL, HOBBS Name: Name: Address: 613 CARRIAGE HILL LANE Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change () Addition DYER JORDAN, STEPHANIE PAR.REP Name: Name: Address: 425 NE 28TH TERRACE Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NOELK, DEBBIE SEC Name: Address: 55 SW 13TH AV Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: (X) Change () Addition COFFER, DAYNA COFFER, PRESTON Name: Name: 701 HOLLY LANE 701 HOLLY LANE Address: Address: BOCA RATON, FL 33486 BOCA RATON, FL 33486 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition BULGER, ADELE PRES. WALLS, MELISSA PRES. Name: Name: Address: 310 PALM TRAIL Address: 21145 ESCONDIDO WAY DELRAY BEACH, FL 33483 BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. GARCIA DIR. 03/19/2009