2006 FOR PROFIT CORPORATION -/ : ANNUAL REPORT

Aug 02, 2006 08:00 Al Secretary of State **DOCUMENT # F05000000465** MEL NEWMAN HOLDINGS, INC. Principal Place of Business Mailing Address 10371 STONEBRIDGE BOULEVARD 10371 STONEBRIDGE BOULEVARD BOCA RATON, FL 33498 BOCA RATON, FL 33498 No Chg-P 07112006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-1915415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NEWMAN, MELVIN 10371 STONEBRIDGE BOULEVARD BOCA RATON, FL 33498 IN THIS SPACE 8. The above named entity submits this statement for tige 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 Signature, typed or print (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. PC TITLE - U00000573120 || D8/02/06-80003-006 150.00 NEWMAN, MELVIN NAME 10371 STONEBRIDGE BOULEVARD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 receives 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 attach th an address, with all other like empowered

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

YED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED