2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# F08000000345

Entity Name: MELODY T FARMS, INC.

Current Principal Place of Business:

4023 OHIO RIVER RD
HUNTINGTON, WV 25702

New Principal Place of Business:

Current Mailing Address:

PO BOX 3073
HUNTINGTON, WV 25702

New Mailing Address:

FEI Number: 55-0573864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTONELLI, MARK R
420 SOUTH DIXIE HWY THIRD FLOOR
CORAL GABLES, FL 33146 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:	CP	( ) Delete
Name:	NICHOLS, TIMOTHY	
Address:	10 CARRIAGE LANE	
City-St-Zip:	BARBOURSVILLE, WV 25504	
Title:	VD	( ) Delete
Name:	NICHOLS, MELODY	
Address:	6 NICHOLS DRIVE	
City-St-Zip:	BARBOURSVILE, WV 25504	
Title:	VD	( ) Delete
Name:	NICHOLS, PAMELA	
Address:	10 CARRIAGE LANE	
City-St-Zip:	BARBOURSVILE, WV 25504	
Title:	S	( ) Delete
Name:	LANE, MELISSA	
Address:	9 CARRIAGE LANE	
City-St-Zip:	BARBOURSVILE, WV 25504	
Title:	T	( ) Delete
Name:	BAISDEN, MARY	
Address:	125 NORTH TERRACE	
City-St-Zip:	HUNTINGTON, WV 25705	

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:	
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 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: MARY BAISDEN T 02/11/2009

Electronic Signature of Signing Officer or Director — Date