

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F09000002990

Entity Name: MELALEUCA SECURITY, INC.

Current Principal Place of Business:

4609 W. 65TH S.  
IDAHO FALLS, ID 83402

Current Mailing Address:

4609 W. 65TH S.  
IDAHO FALLS, ID 83402 US

FEI Number: 27-0535571

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

FILED  
Mar 09, 2024  
Secretary of State  
8074518472CC

VOID

300421740263

Certificate of Status Desired: Yes

See 03/19/24 Statement of Fact

*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CEO  
Name CLINGER, COLE  
Address 4609 W. 65TH S.  
City-State-Zip: IDAHO FALLS ID 83402

Title DIRECTOR, COO  
Name SORENSON, TODD C  
Address 4609 W. 65TH S.  
City-State-Zip: IDAHO FALLS ID 83402

Title DIRECTOR, SECRETARY  
Name THOMPSON, MICHAEL  
Address 4609 W. 65TH S.  
City-State-Zip: IDAHO FALLS ID 83402

Title DIRECTOR, TREASURER, CFO  
Name KNUTSON, THOMAS  
Address 4609 W. 65TH S.  
City-State-Zip: IDAHO FALLS ID 83402

Title DIRECTOR  
Name GESCHWINDT, JULIA E  
Address 4609 W. 65TH S.  
City-State-Zip: IDAHO FALLS ID 83402

I hereby 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 all other like empowered.

SIGNATURE: COLE CLINGER

PRESIDENT

03/09/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date