


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F31294**  
 1. Entity Name  
**MEB, INC.**



Principal Place of Business      Mailing Address  
**25725 SE LEITHOW ST**      **25725 SE LEITHOW ST**  
**PORT SAINT LUCIE, FL 34952 US**      **PORT SAINT LUCIE, FL 34952 US**

**DO NOT WRITE IN THIS SPACE**



01232006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2744894**       Not Applied

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BELCHER, MARJORIE E.**  
**2572 S.E. LEITHGOW ST.**  
**PT. ST. LUCIE, FL 34952**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marjorie E. Belcher, PST MEB, Inc      DATE 4/17/06  
Signature of person named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	BELCHER, MARJORIE
STREET ADDRESS	2572 SE LEITHGROW ST.
CITY-ST-ZIP	PT. ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/06-80072-020 150.00

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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 receiver 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 attachment with an address, with all other like empowered.

**SIGNATURE:**