
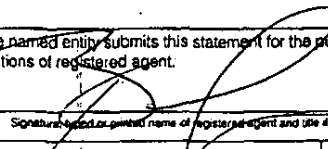
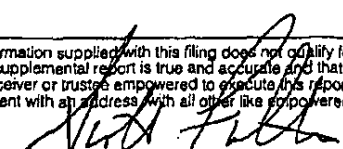


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG -4 PM 3:55

<b>DOCUMENT # F94000003409</b>					
1. Entity Name <b>MELROSE SOUTH PYROTECHNICS, INC.</b>					
Principal Place of Business <b>4652 CATAWBA RIVER RD CATAWBA, SC 29704 US</b>			Mailing Address <b>P O BOX 209 CATAWBA, SC 29704 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>57-0986890</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MELROSE SOUTH PYROTECHNICS INC. 750 WILLY AVE., STE 6 SANFORD, FL 32773</b>				7. Name and Address of New Registered Agent Name <b>The Prentice-Hall Corp Systems Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS ST, STE 105</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>	
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 the obligations of registered agent. <b>Brian Courtney</b> <b>Asst. V. Pres.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>8/4/04</b>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CARTOLANO, MIKE 4652 CATAWBA RIVER RD CATAWBA, SC 29704</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			SIGNATURE: <b>Scott Fulton</b> 2/18/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/18/04 Daytime Phone #		

66429527

2123/64 90042 031 150.00



02042004 Chg-P CR2E034 (10/03)

\$8.75 Additional  
Fee Required

FL

Zip Code  
32301

DATE

8/4/04