## **2008 FOR PROFIT CORPORATION**

## Feb 25, 2008 08:00 AN **ANNUAL REPORT** Secretary of State DOCUMENT # F9400003409 MELROSE SOUTH PYROTECHNICS, INC. Principal Place of Business Mailing Address 4652 CATAWBA RIVER RD P 0 B0X 209 CATAWBA, SC 29704 US CATAWBA, SC 29704 US 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-0986890 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORP. SYSTEMS, INC. DO NOT WRITE 1201 HAYS STREET **SUITE 105** IN THIS SPACE TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CARTOLANO, MIKE NAME 4652 CATAWBA RIVER RD STREET ADDRESS CATAWBA, SC 29704 CITY-ST-ZIP U00000836127 03/04/08-80005-006 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby 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.

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

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**FILED**