


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F95000002661 1. Entity Name MELITTA NORTH AMERICA, INC.	
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Principal Place of Business 13925 58TH STREET N CLEARWATER, FL 33760 US	Mailing Address 13925 58TH STREET N CLEARWATER, FL 33760 US
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1732130	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUECK, FRED
13925 58TH ST N
CLEARWATER, FL 33760

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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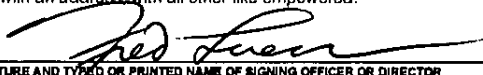
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MARTIN T 13925 58TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUECK, FRED 13925 58TH ST N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ED 13925 58TH STREET N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/08-90087-013 158.75

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IN THIS SPACE**

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:  **4-7-08** **727 524-4837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #