2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90414 013 ***150.00

1. Entity Name	MENT # F980000008 USA, INC.	349			04-03-200	06 90414 013 ***1	50.00	
Principal Place	e of Business	Mailing Address				*		
175 BREAD HOLLOW ROAD		175 BROAD HOLLOW RD					0.0	
MELVILLE, NY 11747		TAX DEPT Melville, ny 11747				500087	Ø.Ø	
		MILLVILLE, NI 11747						
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01052006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Numbe 94-3286		 	opplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 Ao Fee Requir		
	6. Name and Address of Current R	egistered Agent	None	7. Name and	Address of New	Registered Agent		
C T CORPORATION SYSTEM			Name					
1200 SOUTH PINE ISLAND ROAD		Street Address		ldress (P.O. Box Numbe	(P.O. Box Number is Not Acceptable)			
PLANTATI	ON, FL 33324							
	÷		City			FL Zip Co	de	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or i	registered agent, or bot	h, in the State of	Florida. I am familiar witi	n, and accept	
	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating)		DATE		
	Signature, typed or printed name of registered agent and the second sec	9. Election Campaig	gn Financing	\$5.00 May Be Added to Fees	,,	DATE		
After Ma	E NOW!!! FEE (\$ \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Financing ibution.	\$5.00 May Be Added to Fees	CHANGES TO O	FFICERS AND DIRECTO		
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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 supplied the port 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 of the receiver of trusing 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 accument with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR