2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90414 044 ***150.00

1. Entity Nam	MENT # F98000002 MEN INTERNATIONAL, IN					55 of 2 000 ye	130	.00
Principal Place of Business 9760 SHEPARD RD MACEDONIA, OH 44056		Mailing Address 9760 SHEPARD RD MACEDONIA, OH 44056					ı Fi nn asıns kısıl sındı ikad	1111 /22 1 10 122 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		04192006	Chg-P	CR2E034 (11/05))	
City & State		City & State			4. FEI Numbe		h	pplied For
Zip	Country Zip Cou		Count	ry		of Status Desired	S8.75 Ac	iditional
	6. Name and Address of Current	Registered Agent	<u>'</u>	Al	7. Name and	Address of New R	egistered Agent	
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable)				
FALINI DEA	جو عمر المحاولة المح			City			— 17:00-	
The above named entity submits this statement for the purpose of changing its relative to the purpose of changing its rel							FL Zip Co	
After Ma	Signature, typed or printed name of registered agen E NOWILL FEE IS \$150.00 By 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Finan tribution.		55.00 May Be		DATE	
10.	OFFICERS AND PDST		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	
NAME STREET ADDRESS CITY+ST-ZIP	WESLEY, JOSEPH 9760 SHEPARD RD MACEDONIA, OH 44056	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF MARKO, JOHN 9760 SHEPARD RD MACEDONIA, OH 44056	☐ Detete		ET ADDRESS 97 ST-ZIP Ma	FOID hn Marko 60 shepana acedorua o	LRA H 44056	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC KLAUSMAN, C. WILLIAM 9760 SHEPARD RD MACEDONIA, OH 44056	☐ Delete		D	bby Ray Ce 160 Shepau acedonia o		☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1			☐ Change	Addition
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp	is true and accurate and that r	my signat	ure shall have th	ne same legal effec	t as if made under d	oath; that I am an office	er or director

SIGNATURE: