

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G92373 1. Entity Name MEDIEEL INVESTMENT, INC.	
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Principal Place of Business 3714 SE 12TH AVE APT #102A CAPE CORAL, FL 33904-4752	Mailing Address 3714 SE 12TH AVE APT #102A CAPE CORAL, FL 33904-4752
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2398098	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANNA, ROBERT 3714 SE 12TH AVE APT #102A CAPE CORAL, FL 33904
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000488926 04/17/06-80026-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HANNA, FREDERICK M. 2263 ABBOTSBURG DR BURLINGTON, ONTARIO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANNA, JOHN R. RURAL ROUTE 1 MILLGROVE, ONT,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HANNA, ROBERT 3714 SE 12TH AVE #102A CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **J.R. HANNA** 03/30/06 / 905-335-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #