

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

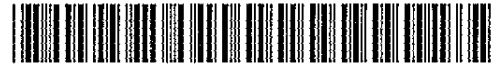
DOCUMENT # J81325
1. Entity Name
MELALEUCA LTD. CORPORATION



Principal Place of Business
1800 18 ST. W.
BOCA GRANDE, FL 33921

Mailing Address
P O BOX 472
BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2824183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL M. INGRAM
701 E WASHINGTON ST
SUITE 500
TAMPA, FL 33602

**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

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	INGRAM, MICHAEL M
STREET ADDRESS	701 E WASHINGTON ST
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VP
NAME	INGRAM, LEIGHTON
STREET ADDRESS	2500 N TAMIAMI TRAIL, STE 112
CITY-ST-ZIP	NAPLES, FL
TITLE	T
NAME	MILLER, ANN
STREET ADDRESS	613-A S. ORLANDO
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000546682
05/11/06-80126-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael M. Ingram

Date

Daytime Phone #

4-26-06