

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # J81325 1. Entity Name MELALEUCA LTD. CORPORATION	
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Principal Place of Business 1800 18 ST. W. BOCA GRANDE, FL 33921	Mailing Address P O BOX 472 BOCA GRANDE, FL 33921
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2824183	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

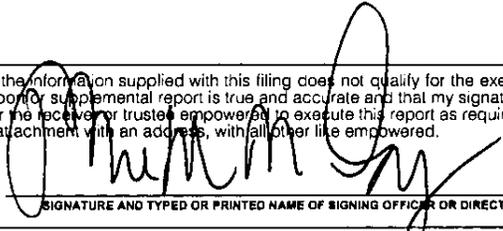
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

000000814612  
 02/13/08-80051-008 150.00

**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:  1/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #