

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 27, 2006 8:00 am
Secretary of State**

07-12-2006 90001 002 ***150.00

DOCUMENT # K03748

1. Entity Name
MEL FRIENDS, INC.



Principal Place of Business
**% LINDA S. HUBBARD
9000 HUBBARD PLACE
ORLANDO, FL 32819 US**

Mailing Address
**% LINDA S. HUBBARD
9000 HUBBARD PLACE
ORLANDO, FL 32819 US**

66022263



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2876582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUBBARD LINDA S
9000 HUBBARD PLACE
ORLANDO, FL 32819**

**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 *Linda S. Hubbard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

7/6/2006
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, L. EVANS 9000 HUBBARD PLACE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBBARD, LINDA S 9000 HUBBARD PLACE ORLANDO, FL
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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 *Linda S. Hubbard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.24.06 *407.876.3129*
Date Daytime Phone #