


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 019 \*\*\*150.00

|  |                               |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| <b>DOCUMENT # L55357</b><br>1. Entity Name<br><b>MELIKIAN, INC.</b>  |                               |   |   |   |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>13703 RICHMOND PARK DRIVE NORTH<br/>STE 1803<br/>JACKSONVILLE, FL 32224</b>  |                               |   | Mailing Address<br><b>13703 RICHMOND PARK DRIVE NORTH<br/>STE 1803<br/>JACKSONVILLE, FL 32224</b> |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business<br><b>14286 BEACH BLVD. #27</b>   |                               | 3. Mailing Address<br><b>14286 BEACH BLVD</b>                     |   |    |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.<br>  |                               | Suite, Apt. #, etc.<br><b>27</b>                                  |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State<br><b>JACKSONVILLE, FL</b>  |                               | City & State<br><b>JACKSONVILLE, FL</b>                           |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip<br><b>32250</b>  |                               | Zip<br><b>32250</b>   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Country<br><b>DUVAL</b>  |                               | Country<br><b>DUVAL</b>   |   | 01302006 Chg-P CR2E034 (11/05)   |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br><b>59-3031586</b>   |                               |   |   | Applied For<br><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<br><b>ALJADA, HANI N<br/>13703 RICHMOND PARK DR N<br/>STE 1803<br/>JACKSONVILLE, FL 32224</b>  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 7. Name and Address of New Registered Agent<br>Name <b>HANI NAIM ALJADA</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>13700 SUTTON PARK DR. N. #321</b><br>City <b>JAX</b> FL Zip Code <b>32224</b>   |                               |   |   | 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.<br>SIGNATURE:  DATE: <b>Jan-31-06</b> |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |                               |   |   | 10. FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALJADA, HANI N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13703 RICHMOND PARK DR N 1803</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32224</td> <td></td> </tr> </table>   |                               |   |   | TITLE  | P | <input type="checkbox"/> Delete | NAME | ALJADA, HANI N |  | STREET ADDRESS | 13703 RICHMOND PARK DR N 1803 |  | CITY-ST-ZIP | JACKSONVILLE, FL 32224 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | ALJADA, HANI N                |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 13703 RICHMOND PARK DR N 1803 |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32224        |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                               |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                               |   |   |  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| 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:    |                               |   |   | Date: <b>Jan-31-06</b> Daytime Phone #: <b>904-708-8033</b>  |   |                                 |      |                |  |                |                               |  |             |                        |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |