2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-02-2006 90228 044 ****61.25

DOCUMENT # N05000011241

1. Entity Name
MELEK INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714	831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number 41 2189106 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRINES, JERRY P 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRINES, JERRY P 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRINES, MARSHA 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PHILLIPS, SAMANTHA 335 LAKE HILL PLACE APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, MICHAEL 335 LAKE HILL PLACE APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, OSVALDO 6477 WINDER OAKS BLVD. ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, ESTHER 6477 WINDER OAKS BLVD. ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: Jerry P Grines 4/28/06 4072310693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #