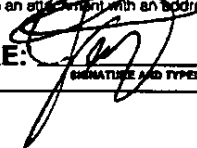


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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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 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714				Mailing Address 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	4. FEI Number 412189106	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRINES, JERRY P 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agents signature required when renewing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
		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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRINES, MARSHA 831 CAMARGO WAY #107 ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PHILLIPS, SAMANTHA 335 LAKE HILL PLACE APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PHILLIPS, MICHAEL 335 LAKE HILL PLACE APOPKA, FL 32703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, OSVALDO 6477 WINDER OAKS BLVD. ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEZ, ESTHER 6477 WINDER OAKS BLVD. ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ 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 registered 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		Date 4/28/06	Daytime Phone # 407 238 0693