

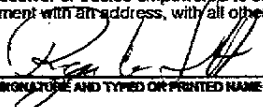


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000007259 1. Entity Name BILL WALTER III MELANOMA RESEARCH FUND, INC.			
Principal Place of Business 1011 CHAFFEE PLACE DAYTONA BEACH, FL 32118		Mailing Address 1011 CHAFFEE PLACE DAYTONA BEACH, FL 32118	
DO NOT WRITE IN THIS SPACE			
		01072006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-3547852	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115-2491		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restarting) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000382784 01/12/06-80026-018 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SCOTT, ROGER W 1011 CHAFFEE PLACE DAYTONA BEACH, FL 32118		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, WILLIAM A 11 JEFFERSON LANDING DAYTONA BEACH, FL 32118		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, TIMOTHY D 1114 LINKSIDE CT EAST ATLANTIC BEACH, FL 32233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, DOUGLAS R 9 PLEASANT VIEW CIR DAYTONA BEACH, FL 32118		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, KATHY 19 WINDING CREEK WAY ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/9/06 386-255-3626 <small>Date Daytime Phone #</small>	