

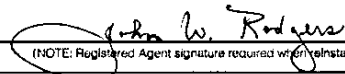


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90311 020 ***150.00

DOCUMENT # P00000098152 1. Entity Name MELODYTHREAD, INC.					
Principal Place of Business 8415 SW 144TH ST. MIAMI, FL 33158			Mailing Address 8415 SW 144TH ST. MIAMI, FL 33158		
2. Principal Place of Business 11046 NW PALMETTO BLVD. Suite, Apt. #, etc.		3. Mailing Address 551 TURKEY CREEK Suite, Apt. #, etc.			
City & State ALACHUA FLORIDA		City & State ALACHUA FLORIDA		4. FEI Number 65-1054412	
Zip 32615		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODGERS, JOHN W 8415 SW 144TH ST. MIAMI, FL 33158				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11046 NW PALMETTO BLVD. City ALACHUA FL Zip Code 32615	
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 <u>JOHN W. RODGERS</u>  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, MARY M 8415 SW 144TH ST. MIAMI, FL 33158	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, JOHN D 8415 SW 144TH ST. MIAMI, FL 33158	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mary M. Rodgers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-2005 (386) 418-0978 <small>Date Daytime Phone #</small>		