

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039912

FILED
Feb 09, 2006
Secretary of State

Entity Name: MENDES CORPORATION

Current Principal Place of Business:

5357 HAWK'S LANDING DR. , APT. 201
FT. MYERS, FL 33907

New Principal Place of Business:

4944 S CLEVELAND PAGE MOBILE VILLAGE B-42
FORT MYERS, FL 33907

Current Mailing Address:

5357 HAWK'S LANDING DR. , APT. 201
FT. MYERS, FL 33907

New Mailing Address:

4944 S CLEVELAND PAGE MOBILE VILLAGE B-42
FT. MYERS, FL 33907

FEI Number: 65-1110150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORP.
3929 N. FEDERAL HWY
POMPAHO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORP.
11601 S CLEVELAND SUITE 6
FORT MYERS, FL 33907 US

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.

SIGNATURE: TAX HOUSE CORPORATION

02/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDES, VALCI
Address: 5357 HAWK'S LANDING DR. , APT. 201
City-St-Zip: FT. MYERS, FL 33907

Title: SD () Delete
Name: MENDES, LEIA S
Address: 5357 KAWK'S LANDING DR., APT. 201
City-St-Zip: FT. MYERS, FL 33907

Title: VD () Delete
Name: MENDES, ELIADE
Address: 5357 KAWK'S LANDING DR., APT. 201
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDES, VALCI
Address: 4944 S CLEVELAND PAGE MOBILE VILLAGE B-42
City-St-Zip: FT. MYERS, FL 33907

Title: SD (X) Change () Addition
Name: MENDES, LEIA S
Address: 4944 S CLEVELAND PAGE MOBILE VILLAGE B-42
City-St-Zip: FT. MYERS, FL 33907

Title: VD (X) Change () Addition
Name: MEDEIROS, DIEGO
Address: 4944 S CLEVELAND PAGE MOBILE VILLAGE B-42
City-St-Zip: FT. MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VALCI MENDES

PD

02/09/2006

Electronic Signature of Signing Officer or Director

Date