2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055453

Entity Name: MELANIE CASTLE, INC.

FILED Apr 18, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

155 CRYSTAL BEACH DRIVE 155 CRYSTAL BEACH DRIVE

SUITE 135 SUITE 131

DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

155 CRYSTAL BEACH DRIVE 155 CRYSTAL BEACH DRIVE

SUITE 135 SUITE 131

DESTIN, FL 32541 DESTIN, FL 32541

FEI Number: 59-3720283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTLE, MELANIE

CASTLE, MELANIE

155 CRYSTAL PEACLE PRIVE

155 CRYSTAL BEACH DRIVE 155 CRYSTAL BEACH DRIVE SUITE 135 SUITE 131

DESTIN, FL 32541 US DESTIN, FL 32541 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: MELANIE CASTLE 04/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: CASTLE, MELANIE L PRES Name: CASTLE, MELANIE L PRES

 Address:
 155 CRYSTAL BEACH DR. #135
 Address:
 155 CRYSTAL BEACH DR. #131

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: SEC () Delete Title: SEC (X) Change () Addition Name: CASTLE, MELANIE L SECR Name: CASTLE, MELANIE L SECR Address: 155 CRYSTAL BEACH DR. #135 Address: 155 CRYSTAL BEACH DR. #131

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: VP () Delete Title: () Change () Addition

 Name:
 CASTLE, CHIP VP
 Name:

 Address:
 5 CALHOUN AVE. #202
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

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: MELANIE CASTLE PRES 04/18/2006