2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 26, 2007 08:00 AM DOCUMENT # P02000095283 **Secretary of State** 1. Entity Name MELCOR CONSTRUCTION INC. Principal Place of Business Mailing Address 514 CINDY CIRCLE LANE **514 CINDY CIRCLE LANE** WELLINGTON, FL 33414 WELLINGTON, FL 33414 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0702219 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LONG, ETTASUE DO NOT WRITE 1940 CHEETHAM HILL BLVD LOXAHATCHEE, FL 33470 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD BROWN, LARRY G NAME **514 CINDY CIRCLE LANE** STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 TITLE 000000646949 03/06/07-80052-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZiP

ARRY G BROWN

561 791 OGBS