## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P02000099804** 1. Entity Name 04-17-2006 90354 039 \*\*\*150.00 MEYCOR, INC. Mailing Address Principal Place of Business 7790 BARDMOOR HILL CIRCLE 7790 BARDMOOR HILL CIRCLE 400 50086 ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business 3. Mailing Address 2450 LAKE DEBRA P.6. BOX 796 Suite, Apt. #, etc. Suite, Apt. #, etc. DRIVE 04122006 Chg-P CR2E034 (11/05) 7203 City & State City & State 4. FEI Number Applied For ORUMNO FL 42-1551940 WINDERMERE FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32835 34786 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYER RULLEN W MEYER, RUSSELL W Street Address (P.O. Box Number is Not Acceptable) Z450 LAKE DEBRA DRIVE 7790 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 Zip Code 3283 S URLANDS 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 age Rucker W. Merez PRESIDENT 4.11.06 SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PS TITLE ☐ Delete TITI F Change Change ☐ Addition MEYER RUCELUL W. NAME MEYER, RUSSELL W NAME 2450 LAKE DERRA DRIVE #7203 7790 BARDMOOR HILL CIRCLE STREET ADDRESS STREET ADDRESS ORLANDS, FL 32835 CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP マト VT ☐ Delete TITLE Change ☐ Addition TITLE MEYER ANITAL. MEYER, ANITA L NAME NAME ZHEO LAKE DERKA ORING 4 7203 7790 BARDMOOR HILL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP URLANGO, EL 32835 CITY-ST-ZIP ORLANDO, FL 32835 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 ddress, with all other like empowered.

RUCSBULW. METCH PRESIDENT

Date

SIGNATURE TAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED