2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

Suite, Apt. 4, etc. Suite, Ap	05-01-2007 90040 047 ***150.00		2	IT # P0200012800 INC.	DOCUME 1. Entity Name MENOMUS!
1069 W. MORSE BLVD. WINTER PARK, FL 32789-3711 US 2. Principal Place of Business. No P.O. Box # / /069 W. MORSE BLVD. WINTER PARK, FL 32789-3711 US 2. Principal Place of Business. No P.O. Box # / /069 W. MORSE BLVD. Winter Park # 2	\$00300.	1	ailing Address	iness M	Principal Place of E
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Country Zip Country Zip 32,789 Country 5. Certificate of Status Desired See Required See Requ	04262007 Chg-P CR2E034 (12/06)				
Secretario Sec	Park 74 4. FEI Number Applied For Noi Applied by No	74	City & State Dinter Pank	k 74 u	City & State Winter Pa
EDWARD MCLEOD, P.A. 284 PARK AVENUE NORTH WINTER PARK, FL 32789 8. The above names 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, the obligations of pursed name of registered agent and late it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. City St. 2p 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. OR May Be Added to Fees 16. City St. 2p 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. STREET ADDRESS 18. City St. 2p 19. Election Campaign Financing 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. City St. 2p 13. City St. 2p 14. City St. 2p 15. City St. 2p 16. City St. 2p 17. City St. 2p 17. City St. 2p 18. City St. 2p 18. City St. 2p 19. Cit	Country 5. Certificate of Status Desired Fee Required Fee Required	Country			
EDWARD MCLEOD, P.A. 284 PARK AVENUE NORTH WINTER PARK, FL 32789 Size Address (P.O. Box Number is Not Acceptable) Suite 3300 City Turner Suite 3300 City Turner Size Address (P.O. Box Number is Not Acceptable) Suite 3300 City Turner Suite 3300 City Turner FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) Suite 3300 City Turner FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Size Address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Internet address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Internet address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Internet address (P.O. Box Number is Not Acceptable) FL Zip Code 32/2 Internet address (P.O. Box Number is Not Acceptable) Internet address (P.O. Box Number is Not Acceptable (P.O. Box Number is Number is Not Acceptable) Internet address (P.O. Box Number is Number is Number is Number is Not Acceptable) Internet address (P.O. Box Number is Number is Not Acceptable) Internet address (P.O. Box Number is N					
Signature Signat	Wolfe, Kichard C Street Address (P.O. Box Number is Not Acceptable)			IUE NORTH	284 PARK AV
8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, the obligations of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, the obligations of the state of Florida and familiar with, the obligations of the state of Florida. Tam familiar with, the obligations of the state of Florida. Tam familiar with, the obligations of the state of Florida. Tam familiar with, the obligations of the state of Florida. Tam familiar with, the obligations of Florida and familiar with, the obligations of Florida and familiar with, the obligations of Florida. Tam familiar with, the obligations of Florida.	T- O-4				÷
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NAME STREET ADDRESS CITY-ST-ZIP NAME LINDERS, JEANETTE C STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 LINDERS, JEANETTE C STREET ADDRESS CITY-ST-ZIP Orlando, 7L 32819 Change Change NAME STREET ADDRESS CITY-ST-ZIP Orlando TITLE NAME STREET ADDRESS CITY-ST-ZIP Orlando TITLE NAME STREET ADDRESS CITY-ST-ZIP Orlando TITLE NAME STREET ADDRESS CITY-ST-ZIP Orlando TORLANDO, FL 32806 CHANGE STREET ADDRESS CITY-ST-ZIP Orlando TORLANDO TO	on Campaign Financing \$5.00 May Be Fund Contribution. Added to Fees	gn Financing ibution.	9. Election Campa Trust Fund Con	Wii: FEE IS \$150.00 2007 Fee will be \$550.00	FILE N After May
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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:

4-27-07