


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90189 018 \*\*\*150.00

**DOCUMENT # P03000053940**

1. Entity Name  
**MAKOTO DRESSING, INC.**



Principal Place of Business  
**785 BABCOCK ST.  
 MELBOURNE, FL 32901**

Mailing Address  
**785 BABCOCK ST.  
 MELBOURNE, FL 32901**

2. Principal Place of Business  
**644 Atlantis Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**644 Atlantis Rd**  
 Suite, Apt. #, etc.

City & State  
**Melbourne FL**

City & State  
**Melbourne FL**

Zip  
**32904** Country

Zip  
**32904** Country



04212006 Chg-P CR2E034 (11/05)

4. FEI Number  
**20-0043801** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**O'BRIEN, JAMES M ESQ.  
 1686 WEST HIBISCUS BLVD.  
 MELBOURNE, FL 32901**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, BETTY S	
STREET ADDRESS	3030 TURLEMOUND RD	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, THOMAS	
STREET ADDRESS	3030 TURTLEMOUND RD	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** T Cobb **4/21/06** (321)725-9085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #