



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90041 005 \*\*\*150.00

<b>DOCUMENT # P03000086477</b>					
<b>1. Entity Name</b> MELANIE'S CUTTING EDGE, INC.					
<b>Principal Place of Business</b> 1504 WRECKER HWY WINTER HAVEN, FL 33880			<b>Mailing Address</b> 1504 WRECKER HWY WINTER HAVEN, FL 33880		
<b>2. Principal Place of Business</b> 1504 Recker Hwy. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 1504 Recker Hwy. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b>		<b>City &amp; State</b>		01122005    Chg-P    CR2E034 (10/03)	
<b>Zip</b>		<b>Zip</b>		<b>4. FEI Number</b> 13-4267079    13-4267097	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BROWN, MELANIE K 1504 WRECKER HWY WINTER HAVEN, FL 33880			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) 1504 Recker Hwy. City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE: <u>Melanie K. Brown</u> <u>Melanie K. Brown, pres.</u> <u>2/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MELANIE K P.O. BOX 214 EAGLE LAKE, FL 33839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>Melanie K. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/5/05</u> (63)299-1537 <small>Date    Daytime Phone #</small>		