2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P03000132299** 1. Entity Name 04-28-2005 90225 041 ***150.00 MELVIN YOUNG INC. Principal Place of Business Mailing Address 3065 50TH ST. S.W. 3065 50TH ST. S.W. 14006860 NAPLES, FL 34116-7627 NAPLES, FL 34116-7627 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032005 Chg-P CR2E034 (10/03) 4. FEI Number 81-0662742 City & State City & State Applied For APPLIED FOR Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, MELVIN 🚈 😲 Street Address (P.O. Box Number is Not Acceptable) 3065 50TH ST. S.W. NAPLES, FL 34116-7627 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when renstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TIRE ☐ Change ☐ Addition YOUNG, MELVIN MALKE NAME STREET ADDRESS 3065 50TH ST. S.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 341167627 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY- ST- ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDF ☐ Delete TITLE ☐ Change ■ Addition KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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.

FILED