2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P03000134209 1. Entity Name MELÁINE ENTERPRISES, INC. Mailing Address Principal Place of Business 6576 NORTH STATE ROAD 7 6576 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2416023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUMGARTEN, PAUL DO NOT WRITE 6576 NORTH STATE ROAD 7 COCONUT CREEK, FL 33073 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agen) signature required when reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME BAUMGARTEN, PAUL STREET ADDRESS 6576 NORTH STATE ROAD 7 CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME. HUMBIGST PASSE STREET ADDRESS 04/18/05-80105-013 15U.W CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and triat 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 flustee 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 attachnesh with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED