## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2006 8:00 am Secretary of State

| DOCUMENT # P0400013660  1. Entity Name CV MELBOURNE CORPORATION                         |   |   |   |  | 03-07-2006 90003 026 ***150.00 |                |   |                            |  |
|---|---|---|---|--|--------------------------------|----------------|---|----------------------------|--|
| Principal Place of Business  1333 S. UNIVERSITY DRVIE, SUITE 208  PLANTATION, FK 33324  |   | Mailing Address  -1333 S. UNIVERSITY DRVIE, SUITE 208  -PLANTATION, FK -33324 |   |  |                                | - •            |   |                            |  |
| 2. Principal Place of Business /SOO WESTON RD   |   | 3. Mailing Address 1500 WESTON RD.  |   |  |                                |                |   |                            |  |
| Suite, Apt. #, etc. 203   |   | Suite, Apt. #, etc. 203   |   | 02152006   | Chg-P                          | CR2E03         | 4 (11/05)   |                            |  |
| City & State WESTON FL.   |   | City & State WESTON FC.   |   | 4. FEI Number 58-2683                              | 711                            | ****           | _ <del>                                    </del> | plied For<br>at Applicable |  |
| Zip<br>3333   |   | <sup>Zip</sup><br>33326   | Country<br>45A                              |  | Status Desired                 |                | 8.75 Add  | litional                   |  |
|   | 6. Name and Address of Current F  |   | 7. Name and Address of New Registered Agent |  |                                |                |   |                            |  |
| MOODY, JONES & MONTEFUSCO, P.A.   |   |   |   | Name   |                                |                |   |                            |  |
| 1333 S. UNIVERSITY DRIVE, SUITE 201<br>PLANTATION, FL 33324                             |   |   | Street Addre                                | Street Address (P.O. Box Number is Not Acceptable) |                                |                |   |                            |  |
|   |   |   | City  | <del> </del>                                       |                                | FL             | Zip Code  | <del></del> -              |  |
| The above named entity submits this statement for the purpose of changing its registere |   |   |   | F⊾¦  |                                |                |   |                            |  |
| the obligat   | ions of registered agent.   | the purpose of changing its   | registered omica or tagr                    | stered agent, or both                              | III the State of Tic           | mua. Tamia     | THINZE WILLI,                                     | and accept                 |  |
| SIGNATURE   |   |   |   |  |                                |                |   |                            |  |
| EII   | E NOW!!! FEE IS \$150.00  | 9. Election Campaig   | gn Financing                                | \$5.00 May Be                                      |                                |                |   |                            |  |
|   | ay 1, 2006 Fee will be \$550.0  | Trust Fund Contr  | ibution.                                    | Added to Fees                                      |                                |                |   |                            |  |
| 10.   | OFFICERS AND (  | 11.   |   | HANGES TO OFF                                      | ICERS AND                      | DIRECTORS      | 5 IN 11   |                            |  |
| TITLE<br>NAME   | KURLANDER, ROBERY T   | TITLE<br>NAME   | DP<br>ROBERT KU                             | DI ANDE  | p                              | Change         | ☐ Addition  |                            |  |
| STREET ADDRESS  | 1333 S. UNIVERSKTY-DRIVE; St  | STREET ADDRESS  | 1230 LAUR                                   | EL CT.   |                                |                |   |                            |  |
| CITY-ST-ZIP   | PLANTATION, FL 33324  | CITY-ST-ZIP   | WESTON                                      | EC 333   | 326                            |                |   |                            |  |
| TITLE   | -DVPS   | Delete  | TITLE                                       |  |                                | •              | ☐ Change  | Addition                   |  |
| NAME<br>STREET ADDRESS  | KELLY, STEPHEN B<br>5021 WEST LAUREL STREET, S  | NAME<br>STREET ADDRESS  |   |  |                                |                |   |                            |  |
| CITY-ST-ZiP   | TAMPA, FL 33607_  | CITY-ST-ZIP   |   |  |                                |                |   |                            |  |
| TITLE   |   | ☐ Delete  | TITLE                                       |  |                                |                | ☐ Change  | Addition                   |  |
| NAME  |   |   | NAME  |  |                                |                | _ •   | _                          |  |
| STREET ADORESS<br>CITY-ST-ZIP   |   |   | STREET ADDRESS<br>CITY-ST-ZIP               |  |                                | •              |   |                            |  |
| TITLE   |   | ☐ Detete  | TITLE                                       |  |                                |                | ☐ Change  | Addition                   |  |
| NAME  |   | L beste   | NAME  |  |                                |                | critings  |                            |  |
| STREET ADDRESS  |   |   | STREET ADDRESS                              |  |                                |                |   |                            |  |
| CITY-ST-ZIP   | ,, <u> </u>   |   | CITY-ST-ZIP                                 |  |                                |                | _   |                            |  |
| TITLE<br>NAME   |   | ☐ Delete  | TITLE<br>NAME                               |  |                                |                | ☐ Change  | ☐ Addition                 |  |
| STREET ADDRESS  |   |   | STREET ADDRESS                              |  |                                |                |   |                            |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP                                 |  |                                |                |   |                            |  |
| TITLE   | · <del></del>   | ☐ Delete  | TITLE                                       |  |                                |                | Change  | ☐ Addition                 |  |
| NAME<br>Street address  |   |   | NAME<br>STREET ADDRESS                      |  |                                |                |   |                            |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP                                 |  |                                |                |   |                            |  |
|   |   |   |   |  |                                |                |   |                            |  |
| 12.   hereby  | L<br>certify that the information supplied with<br>on this report or supplemental report is | this filing does not qualify for  | the exemptions contain                      | ined in Chapter 119,                               | Florida Statutes. I            | further certif | y that the in                                     | nformation                 |  |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-06

954-217-5025