

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000086819

FILED
Mar 20, 2005
Secretary of State

Entity Name: MEL TRUST DEVELOPMENT INC.

Current Principal Place of Business:

P.O. BOX 621
VALLEY SPRINGS, CA 95252 US

New Principal Place of Business:

3304 E. HWY. 12
VALLEY SPRINGS, CA 95252 US

Current Mailing Address:

P.O. BOX 621
VALLEY SPRINGS, CA 95252 US

New Mailing Address:

FEI Number: 75-3173902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
100 VILLAGE SQUARE CROSSING
SUITE 103
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: MARIER, ERNIE JR.
Address: P.O. BOX 621
City-St-Zip: VALLEY SPRINGS, CA 95252 US

Title: D () Delete
Name: KING, DAVID
Address: 4540 HWY 49
City-St-Zip: SAN ANDREAS, CA 95249 US

Title: D () Delete
Name: WEATHERBY, STEVE
Address: 8328 S. MAIN STREET
City-St-Zip: MOKELUMNE HILL, CA 95245 US

Title: DTS () Delete
Name: SHAFFER, SUSAN
Address: P.O. BOX 1581
City-St-Zip: VALLEY SPRINGS, CA 95252 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D,V (X) Change () Addition
Name: KING, DAVID
Address: 4540 HWY 49
City-St-Zip: SAN ANDREAS, CA 95249 US

Title: D (X) Change () Addition
Name: CLARK, STEVE E
Address: P.O. BOX 365
City-St-Zip: RAILROAD FLAT, CA 95248 US

Title: DTS (X) Change () Addition
Name: SHAFFER, SUSAN
Address: 24391 N. ELLIOTT RD.
City-St-Zip: ACAMPO, CA 95220 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNIE MARIER JR.

D,P

03/20/2005

Electronic Signature of Signing Officer or Director

_____ Date