

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-28-2006 90147008 \*\*\*150.00

P05000000664

**FILED**

06 MAY 25 AM 8:34

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P05000000664</b> 1. Entity Name <b>MELKEY INVESTMENTS, INC.</b>			
Principal Place of Business <b>7600 E CYPRESS HEAD DR PARKLAND FL 33067</b>		Mailing Address <b>7600 E CYPRESS HEAD DR PARKLAND FL 33067</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>68-0599126</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PEDRETTI, ROBERT 7600 E CYPRESS HEAD DR PARKLAND FL 33067</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEDRETTI, ROBERT</b> <b>7600 E CYPRESS HEAD DR</b> <b>PARKLAND FL 33067</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.			
SIGNATURE:		Robert Pedretti 4/16/06 9544480677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	