


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 008 ***150.00

DOCUMENT # P05000002798 1. Entity Name ME'LANGE, INC.			
Principal Place of Business 4085 FLORAL DRIVE BOYNTON BEACH, FL 33436		Mailing Address 4085 FLORAL DRIVE BOYNTON BEACH, FL 33436	
2. Principal Place of Business 2705-27TH WAY Suite, Apt. #, etc.		3. Mailing Address 2705-27TH WAY Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33407		Zip 33407	
4. FEI Number 20-2164942		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, FREEDA 4085 FLORAL DRIVE BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name WATSON, FREEDA Street Address (P.O. Box Number is Not Acceptable) 2705-27TH WAY City WEST PALM BEACH FL Zip Code 33407	
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 <u>Freeda Watson</u> - FREEDA WATSON 04.5.2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME FREEDA, WATSON	TITLE FREEDA WATSON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4085 FLORAL DRIVE	CITY-ST-ZIP BOYNTON BEACH, FL 33436	STREET ADDRESS 2705-27TH WAY	CITY-ST-ZIP WEST PALM BEACH, FL 33407
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Freeda Watson</u> - FREEDA WATSON		Date 04.5.2006 Daytime Phone # 954-253-8911	