


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90011 018 ***150.00

DOCUMENT # P05000030391

1. Entity Name
MEDDIA, INC.



Principal Place of Business
**10500 ULMERTON ROAD #390
 LARGO, FL 33771**

Mailing Address
**10500 ULMERTON ROAD #390
 LARGO, FL 33771**

DO NOT WRITE IN THIS SPACE

401151



05292007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2416819

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KUMI, STEFAN
 10500 ULMERTON ROAD #390
 LARGO, FL 33771**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | D |
| NAME | KUMI, STEFAN |
| STREET ADDRESS | 10500 ULMERTON ROAD #390 |
| CITY-ST-ZIP | LARGO, FL 33771 |
| TITLE | D |
| NAME | TEFERICI, MIRELA |
| STREET ADDRESS | 10500 ULMERTON ROAD #390 |
| CITY-ST-ZIP | LARGO, FL 33771 |
| TITLE | |
| NAME | The ad above person is |
| STREET ADDRESS | no longer with this corpor. |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | The new person replacing |
| STREET ADDRESS | her is: |
| CITY-ST-ZIP | |
| TITLE | D |
| NAME | KUMI KICO |
| STREET ADDRESS | 10500 ULMERTON Rd # 390 |
| CITY-ST-ZIP | Largo, FL 33771 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  **5/29/07** **727-804-4073**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #