

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 042 ***158.75

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1. Entity Name
CLAMS BY M.E., INC.



Principal Place of Business
3060 MILWAUKEE AVE.
W. MELBOURNE, FL 32904

Mailing Address
3060 MILWAUKEE AVE.
W. MELBOURNE, FL 32904

2. Principal Place of Business
445 Lazy Z. Lane
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Oak Hill FL

City & State

Zip
32759
Country
USA

Zip
Country

01042006 Chg-P CR2E034 (11/05)

4. FEI Number
Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

DOROZYNSKI, ELAINE
3060 MILWAUKEE AVE.
W. MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 Elaine Dorozyński 4/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
DOROZYNSKI, MICHAEL S
STREET ADDRESS
3060 MILWAUKEE AVE.
CITY-ST-ZIP
W. MELBOURNE, FL 32904 ☐ Delete

TITLE
NAME
DOROZYNSKI, ELAINE
STREET ADDRESS
3060 MILWAUKEE AVE.
CITY-ST-ZIP
W. MELBOURNE, FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Elaine Dorozyński 4/9/06 (321) 729 0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #