

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000127691

1. Entity Name
MELODY H. RICHARDSON INC.



**FILED
Apr 06, 2006 8:00 am
Secretary of State**

04-06-2006 90006 042 ***158.75

400027



01232006 Chg-P CR2E034 (11/05)

Principal Place of Business 7950 S MILITARY TRAIL STE 203 LAKE WORTH, FL 33463		Mailing Address 7950 S MILITARY TRAIL STE 203 LAKE WORTH, FL 33463	
2. Principal Place of Business 2781 Ashley Dr E Suite, Apt. #, etc. APT F		3. Mailing Address 2781 Ashley Dr E. Suite, Apt. #, etc. APT F	
City & State West Palm Beach FL Zip 33415		City & State West Palm Beach FL Zip 33415	
Country USA	Country USA		
6. Name and Address of Current Registered Agent RICHARDSON, MELODY H 2781 ASHLEY DRIVE EAST APT F W PALM BCH, FL 33415			
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 *Melody H. Richardson* PRES. 4.3.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

DATE

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RICHARDSON, MELODY H 2781 ASHLEY DRIVE EAST APT F WPB, FL 33415	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: *Melody H. Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.3.06 561-659-8072
Date Daytime Phone #