2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155918

Entity Name: MELENDEZ TECHNOLOGIES INCORPORATED

FILED Jul 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 344 STONEHURTS PARKWAY 344 STONEHURTS PARKWAY ST AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092 **Current Mailing Address: New Mailing Address:** 344 STONEHURTS PARKWAY 344 STONEHURTS PARKWAY ST AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092 FEI Number: 20-8246030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MARTIN DEL CAMPO, EFRAIN M Name: Name: MELENDEZ, EFRAIN 344 STONEHURTS PARKWAY 344 STONEHURTS PARKWAY Address: Address: City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VSD Title: (X) Change () Addition () Delete GONZALEZ REYES, ADRIANA A Name: GONZALEZ REYES, ADRIANA A Name: 344 STONEHURTS PARKWAY 344 STONEHURTS PARKWAY Address: Address: ST AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN MELENDEZ MARTIN DEL CAMPO PTD 07/03/2007