## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jul 19, 2006 08:00 AM DOCUMENT # P96000004624 **Secretary of State** 1. Entity Name MELBOURNE-CURY CORP. Principal Place of Business Mailing Address 12627 SAN JOSE BLVD., SUITE 706 12627 SAN JOSE BLVD., SUITE 706 JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 CR2E034 (11/05) 07152006 No Chg-P DO POT MRITE IN THE OFACE Applied For 4. FEI Numbe 59-3356710 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **CURY, RENEE** 12627 SAN JOSE BLVD JACKSONVILLE, FL 32223 DEFENDED FOR COM 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnessra required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE NAME CURY, PHILLIP H STREET ADDRESS 12627 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE 000000571147 **CURY. RENEE** NAME 07/19/06-80003-018 150.00 STREET ADDRESS **12627 SAN JOSE BLVD STE 706** CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE NAME STREET ADDRESS DO NOT NAME CITY-ST-ZIP IN THE SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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