

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056023

FILED
May 17, 2006
Secretary of State

Entity Name: MENNA BROTHERS NUMBER TWO, INC.

Current Principal Place of Business:

38724 US 19N
STE 100
TARPON SPRINGS, FL 34689

New Principal Place of Business:

38724 US 19N
STE 294
TARPON SPRINGS, FL 34689

Current Mailing Address:

P.O. BOX 1297
TARPON SPRINGS, FL 346881297 US

New Mailing Address:

FEI Number: 59-3459269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENNA, AGOSTINO
2958 KENILWICK DR N
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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:

Title: VP () Delete
Name: MENNA, MARIO
Address: 38724 US 19N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: CEO () Delete
Name: MENNA, JOHN
Address: 38724 US 19 N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P () Delete
Name: MENNA, AGOSTINO
Address: 2958 KENILWICK DR N
City-St-Zip: CLEARWATER, FL 33761

Title: DSTV () Delete
Name: MENNA, MARCO
Address: 2896 CHANCERY LANE
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO MENNA

VP

05/17/2006

Electronic Signature of Signing Officer or Director

_____ Date