


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90072 020 \*\*\*150.00


<b>DOCUMENT # P98000053278</b>		
1. Entity Name <b>MENUS, ETC., INC.</b>		

Principal Place of Business <b>110 YACHT CLUB WAY 107 HYPOLEXO FL 33462 US</b>	Mailing Address <b>P.O. BOX 1677 BOCA RATON FL 33428 US</b>
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2. Principal Place of Business <b>1312 PALM PLACE DR NE</b>	3. Mailing Address <b>P.O. Box 60085</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Palm Bay, FL</b>	City & State <b>Palm Bay, FL</b>
Zip <b>32905</b>	Zip <b>32906</b>
Country <b>USA</b>	Country <b>USA</b>

**10011010**



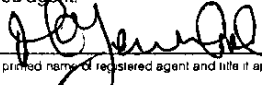
1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0849925</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>Mr. J. MENDELSON 1312 PALM PLACE DR NE., PALM BAY, Florida 32905</b>	
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7. Name and Address of New Registered Agent	
Name <b>J MENDELSON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 1512 PALM PLACE DR NE</b>	
City <b>Palm Bay</b>	FL Zip Code <b>32905</b>

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  (NOTE: Registered Agent signature required when reinstating)

DATE **Jan 26/05**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MENDELSON, J. 110 YACHT CLUB WAY #107 HYPOLEXO FL 33462</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P J. MENDELSON 1312 PALM PLACE DR. NE., PALM BAY, FL 32905</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  **Jan 26/05** **321 405 2577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #