


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S25170</b>	
1. Entity Name <b>MEED SECURITIES CORP.</b>	

Principal Place of Business <b>3589 SOUTH OCEAN BLVD. SUITE 514 PALM BEACH, FL 33480</b>	Mailing Address <b>3589 SOUTH OCEAN BLVD. SUITE 514 PALM BEACH, FL 33480</b>
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**DO NOT WRITE IN THIS SPACE**



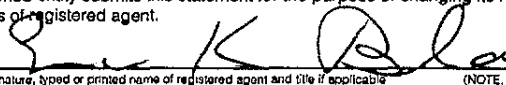
01312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0271548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BLAU, ERIC K. 3589 SOUTH OCEAN BOULEVARD SUITE 514 PALM BEACH, FL 33480</b>	
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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  2-2-05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

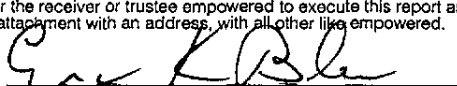
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAU, DOROTHY T. 187 GARTH RD #2C SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BLAU, MARK S. 72 HORATIO ST NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLAU, ERIC K. 3589 SOUTH OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/05/05-80014-011 150.00

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:  Eric K Blau 2-2-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #