2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # S25170

1. Entity Name

MEED SECURITIES CORP.



Principal Place of Business

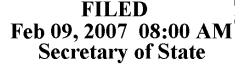
3589 SOUTH OCEAN BLVD.

SUITE 514 PALM BEACH, FL 33480 Mailing Address

3589 SOUTH OCEAN BLVD.

SUITE 514

PALM BEACH, FL 33480





01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0271548

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BLAU, ERIC K. 3589 SOUTH OCEAN BOULEVARD SUITE 514 PALM BEACH, FL 33480

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000629089 02/16/07-80043-009 150.00

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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
	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	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

5612088188

Daytime Phone #