
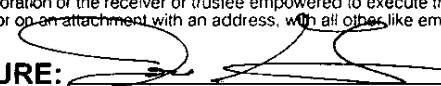


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90036 008 ***158.75

| | | | | | |
|--|------------------------------------|---|---|--|--|
| DOCUMENT # S55854 | | | |  | |
| 1. Entity Name MEL-O-DEE T.V. OF ORLANDO, INC. | | | | | |
| Principal Place of Business 7006 STA POINT COURT UNIT G WINTER PARK, FL 32792 US | | | Mailing Address 10355 MALLARD LANDINGS WAY ORLANDO, FL 32832 US | | |
| 2. Principal Place of Business - No P.O. Box # <i>5837 Dahlia Drive</i> | | 3. Mailing Address <i>10355 Mallard Landings Way</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>Orlando, FL 32807</i> | | City & State <i>Orlando, Florida</i> | | 4. FEI Number 65-0265626 | |
| Zip <i>32807</i> | | Country <i>Orange</i> | | Applied For Not Applicable | |
| Zip <i>32807</i> | | Country <i>Orange</i> | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GARCIA, JOSE 10355 MALLARD LANDINGS WAY ORLANDO, FL 32807 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GARCIA, JOSE | NAME | | | |
| STREET ADDRESS | 10355 MALLARD LANDINGS WAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32832 | CITY-ST-ZIP | | | |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GARCIA, JOSE | NAME | | | |
| STREET ADDRESS | 10355 MALLARD LANDINGS WAY | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32832 | CITY-ST-ZIP | | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| CITY-ST-ZIP | ORLANDO, FL 32807 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing 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:  | | - Jose Garcia | | 1/24/08 407-832-1548 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |