


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90077 002 ***150.00

DOCUMENT # F05000006273

1. Entity Name
MERCHANT ESOLUTIONS, INC.



Principal Place of Business
**3400 BRIDGE PARKWAY
 REDWOOD CITY, CA 94065**


Mailing Address
**3400 BRIDGE PARKWAY
 REDWOOD CITY, CA 94065**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



07022007 Chg-P CR2E034 (12/06)

4. FEI Number
94-3346153

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

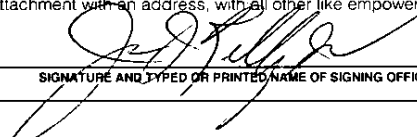
10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	DIXON, DONALD	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BAYYARI, SHARIF	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DALETTOM	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVILES, JAMES	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, CHRISTOPHER	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES J KELLY, JR.	
STREET ADDRESS	3400 BRIDGE PARKWAY	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR AND COO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVILES, JAMES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: **7/2/07** Daytime Phone #: **650 628 6828**