2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000064205

1. Entity Name

MERCHANDISING CONTACT SOLUTIONS, INC.



Principal Place of Business

1093 A1A BEACH BLVD

PMB 356

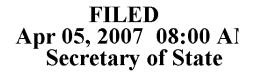
SAINT AUGUSTINE, FL 32080

Mailing Address

1093 A1A BEACH BLVD

PMB 356

SAINT AUGUSTINE, FL 32080





DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR

CR2E034 (11/05)

4. FEI Number 65-1224201 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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	*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 Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	PD	**			
NAME	WILLIAMS, MAX W				
STREET ADDRESS	1093 A1A BEACH BLVD, PMB 356				
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080				
TITLE	V				Haganace
NAME	WILLIAMS, CATHERINE R				U00000690336 04/11/07-80073-005 150.00
STREET ADDRESS	1093 A1A BEACH BLVD, PMB 356				04/11/01-008/3-002 120.00
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080				
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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:

CITY-ST-ZIP

Maga Vidlin

MAXW. Williams

3/3/07

904 315 4110 Daytime Phone