

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P06653
1. Entity Name
MERCHANDISING EQUIPMENT, INC.



Principal Place of Business
820 FAIRBURN ROAD, S.W.
ATLANTA, GA 30331

Mailing Address
820 FAIRBURN ROAD, S.W.
ATLANTA, GA 30331

DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-0662431 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331

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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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME GRANT, LAWTON K
STREET ADDRESS 820 FAIRBURN RD., S.W.
CITY-ST-ZIP ATLANTA, GA 30331

TITLE S
NAME SHERMAN, HELEN
STREET ADDRESS 25 RIVERSIDE DRIVE
CITY-ST-ZIP SHARPSBURG, GA 30277

TITLE VD
NAME GRANT, ROBERT C
STREET ADDRESS 396 SULLIVAN ROAD
CITY-ST-ZIP NEWNAN, GA

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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01/09/06-80025-011 150.00

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IN THIS SPACE**

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: _____

HELEN SHERMAN

HELEN SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/2006

Date

404-696-2466

Daytime Phone #