

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06653

FILED
May 01, 2008
Secretary of State

Entity Name: MERCHANDISING EQUIPMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-0662431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRANT, LAWTON K
Address: 820 FAIRBURN RD., S.W.
City-St-Zip: ATLANTA, GA 30331

Title: S () Delete
Name: SHERMAN, HELEN
Address: 25 RIVERSIDE DRIVE
City-St-Zip: SHARPSBURG, GA 30277

Title: PD () Delete
Name: GRANT, ROBERT C,
Address: 396 SULLIVAN ROAD
City-St-Zip: NEWNAN, GA

Title: V () Delete
Name: BROWN, MATT
Address: 1120 CIMARRON CT.
City-St-Zip: CLARKSTON, GA 30021

Title: V (X) Delete
Name: SMITH, RALPH T JR.
Address: 166 ROCK GARDEN TERRACE
City-St-Zip: MARIETTA, GA 30064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. GRANT

PD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date