


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000009994</b> 1. Entity Name <b>MERLIN CAL CALLAHAN ASSOCIATES, INC.</b>	
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Principal Place of Business <b>643 SEAVIEW DR DESTIN, FL 32541 US</b>	Mailing Address <b>POST OFFICE BOX 1202 DESTIN, FL 32540 US</b>
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02042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3425623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MERLIN, CALLAHAN D 643 SEAVIEW DR DESTIN, FL 32541</b>
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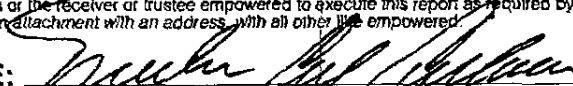
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CALLAHAN, MERLIN D 643 SEAVIEW DR DESTIN, FL 32541</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CALLAHAN, LINDA K 643 SEAVIEW DR DESTIN, FL 32541</b>	
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02/17/06-80011-004 150.00

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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/4/06</b> <small>Date</small>	<b>8-50 650-3277</b> <small>Daytime Phone #</small>