2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 292908

Entity Name: MERRITT CAPITAL CORP

FILED Apr 20, 2006 Secretary of State

Current Pi	rincipal Place of Business:	New Principal Place of Business:	
1030 GRA` COCOA, F			
Current Mailing Address:		New Mailing Address:	
1030 GRA COCOA, F			
FEI Number:	: 59-1116348 FEI Number Applied For() F	El Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
ROWE, MO 1030 GRAY COCOA, F	YRD		
The above in the State	named entity submits this statement for the purper of Florida.	ose of changing its registered office or registered agent, or l	both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent	Date	
Election Can	npaign Financing Trust Fund Contribution ().		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORS:
Title: Name: Address: City-St-Zip:	VP () Delete WOODS, LOSSIE B., 4505 CLINTON AVE. JACKSONVILLE, FL	Title: PD (X) Change () Addition Name: ROWE, MORRIS A Address: 1030 GRAY ROAD City-St-Zip: COCOA, FL 32926 US	
Title: Name: Address: City-St-Zip:	VP () Delete WOODS, JEWELDENE, 4525 CLINTON AVE. JACKSONVILLE, FL	Title: VP (X) Change () Addition Name: HAID, SUSAN E Address: 1030 GRAY ROAD City-St-Zip: COCOA, FL 32926 US	
Title: Name: Address: City-St-Zip:	VP () Delete DZIKOWSKI, DEBORAH W, . 8651 OSPREY LAND JACKSONVILLE, FL	Title: VST (X) Change () Addition Name: REID, LEEANN H Address: 1340 FIDDLER AVENUE City-St-Zip: MERRITT ISLAND, FL 32952 US	
Title: Name: Address: City-St-Zip:	PD (X) Delete ROWE, MORRIS A 1030 GRAY RD COCOA, FL	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	DVST (X) Delete REID, LEEANN H 1340 FIDDLER AVENUE MERRITT ISLAND, FL 32952	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP (X) Delete HAID, SUSAN E 1030 GRAY ROAD COCOA FL FL US	Title: () Change () Addition Name: Address: City-St-Zin:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MORRIS A. ROWE PRES 04/20/2006