

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 469796

FILED
Jan 13, 2006
Secretary of State

Entity Name: MERCHANTS EXPORT, INC.

Current Principal Place of Business:

200 DR. MARTIN LUTHER KING JR. BLVD.
RIVIERA BEACH, FL 334047506

New Principal Place of Business:

200 M.L. KING BLVD.
RIVIERA BEACH, FL 334047506

Current Mailing Address:

200 DR. MARTIN LUTHER KING JR. BLVD.
RIVIERA BEACH, FL 334047506

New Mailing Address:

200 M.L. KING BLVD.
RIVIERA BEACH, FL 334047506

FEI Number: 59-1630047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLIER, MARIA M ST
1240 N.OCEAN WAY
PALM BCH, FL 33480 US

Name and Address of New Registered Agent:

COLLIER, MARIA M ST
200 M.L.KING BLVD.
RIVIERA BEACH, FL 334047506 US

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:

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: AMENGUAL, ISABEL
Address: 8A-REM ESTATE SMITH BAY
City-St-Zip: ST. THOMAS, VI 00802

Title: P () Delete
Name: COLLIER, TERRY K
Address: 1240 N.OCEAN WAY
City-St-Zip: PALM BCH., FL 33489

Title: ST () Delete
Name: COLLIER, MARIA M
Address: 1240 N OCEAN WAY
City-St-Zip: PALM BEACH, FL 33480

Title: V () Delete
Name: ULLIAN, JEFFREY E
Address: 18772 GOLDEN HAWK TRAIL SOUTH
City-St-Zip: JUPITER, FL 33458

Title: 1VP () Delete
Name: COLLIER, NATALIA S
Address: 1240 N OCEAN WAY
City-St-Zip: PALM BEACH, FL 33480

Title: 2VP () Delete
Name: COLLIER, CAROLINE B
Address: 1240 N OCEAN WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: AMENGUAL, ISABEL
Address: 8600 SMITH BAY
City-St-Zip: ST. THOMAS, VI 00802

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 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: MARIA M COLLIER

ST

01/13/2006

Electronic Signature of Signing Officer or Director

Date