


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 528660</b>	
1. Entity Name <b>MERCANTILE NATIONAL, INC.</b>	

Principal Place of Business <b>10 CENTRAL PKWY SUITE 200 STUART FL 34994 US</b>	Mailing Address <b>10 CENTRAL PKWY SUITE 200 STUART FL 34994 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-1738351</b>		Applied For															
		Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required															
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> <b>KENNETH KUCHLER 10 CENTRAL PARKWAY SUITE 200 FT LAUDERDALE FL 33351</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>KENNETH KUCHLER 10 CENTRAL PARKWAY SUITE 200 FT LAUDERDALE FL 33351</b>		Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent															
<b>KENNETH KUCHLER 10 CENTRAL PARKWAY SUITE 200 FT LAUDERDALE FL 33351</b>		Name															
		Street Address (P.O. Box Number is Not Acceptable)															
		City	FL	Zip Code													

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KUCHLER, KENNETH 8440 N.W. 57TH ST. STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000699819 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/19/07-80059-005 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MASON, LORETTA 10 CENTRAL PARKWAY SUITE 200 STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Loretta Mason* **LORETTA MASON** **772 220-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #