


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 587960</b>			
1. Entity Name <b>MERRITT ISLAND GROVES, INCORPORATED</b>			
Principal Place of Business <b>2661 N UPSHUR ST ARLINGTON VA 22207</b>		Mailing Address <b>2661 N UPSHUR ST ARLINGTON VA 22207</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>RYFFEL, GEORGE G 7520 RIDGEWOOD AVE #210 CAPE CANAVERAL FL 32920</b>		4. FEI Number <b>54-1091084</b>	
7. Name and Address of New Registered Agent		Applied For Not Applied	
Name		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Street Address (P.O. Box Number is Not Acceptable)		1st MOORE CR2E034 (10/05)	
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		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when (re)state(s)g)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <b>\$5.00</b> May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CAROLYN J. RYFFEL	NAME	000000419354
STREET ADDRESS	2661 N UPSHUR ST	STREET ADDRESS	02/15/06-80004-003 150.00
CITY-ST-ZIP	ARLINGTON, VA 22207	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RYFFEL, RUTH C	NAME	
STREET ADDRESS	2661 N UPSHUR ST	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON, VA 22207	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RYFFEL, GEORGE GUSTAVE	NAME	
STREET ADDRESS	2661 N. UPSHUR STREET	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22207	CITY-ST-ZIP	
TITLE	TRS. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RYFFEL, GEORGE G II	NAME	
STREET ADDRESS	13028A SHADYSIDE LANE	STREET ADDRESS	
CITY-ST-ZIP	GERMANTOWN MD 20874	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	NAUASCUES, KATHRYN	NAME	
STREET ADDRESS	4805 46TH ST NW	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20016	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Kathryn Navascues (Kathryn Navascues) 1/30/06 703-525-2571  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Packet #