


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-22-2006 90017 012 ***150.00


DOCUMENT # F02000006434
 1. Entity Name
MERCURY PRINTING, INC.



Principal Place of Business - Mailing Address
855 RIDGEWOOD AVENUE **855 RIDGEWOOD AVENUE**
NORTH BRUNSWICK NJ 08902 **NORTH BRUNSWICK NJ 08902**

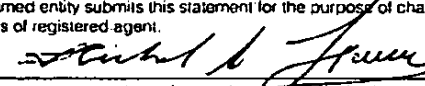
2. Principal Place of Business **SAME** 3. Mailing Address **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

66000100

1st MOORE CR2E034 (10/05)
 4. FEI Number **22-2085062** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVINE, RICHARD A
525 S FLAGLER DR., APT 11D
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name **LEVINE, RICHARD A.**
 Street Address (P.O. Box Number is Not Acceptable)
1822 BREAKERS WEST COURT
WEST PALM BEACH
 City **FL** Zip Code **33411**

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 **3-29-06**
Signature, typed or printed name of registered agent (Form 1007 not applicable) (NOTE: Registered Agent signature required when re-issuing)

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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LEVINE, RICHARD 525 S. FLAGLER DRIVE, APT 11D WEST PALM BEACH FL 33401-5924 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEVINE, RICHARD 1822 BREAKERS WEST COURT WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC LEVINE, FRAN 7754 VILLA D ESTE WAY DELRAY BEACH FL 33446-4303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEVINE, FRAN 15085 MICHELANGELO BLVD., #108 DELRAY, FL 33446-6008
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:  DATE **3-29-06** DAYTIME PHONE # **732-246-3340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR