

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000363

1. Entity Name
IMERITI, INC.



Principal Place of Business
445 MARINE VIEW AVE
STE 130
DEL MAR, CA 92014

Mailing Address
P O BOX 1024
SOLANA BEACH, CA 92075

FILED
Jan 29, 2007 08:00 AM
Secretary of State



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3330555	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MOHRMAN, NICCOLE
3087 N ALAFAYA TRAIL
ORLANDO, FL 32826

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000606440
01/30/07-80079-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C STERN, CARL 1437 SAN LUCAS CT SOLANA BEACH, CA 92075
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STERN, JACOB 1437 SAN LUCAS CT SOLANA BEACH, CA 92075
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/07