

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90047 031 \*\*\*150.00

<b>DOCUMENT # F93000003331</b> 1. Entity Name <b>MERIT CREDIT, INC.</b>			
Principal Place of Business <b>12995 S CLEVELAND AVE STE 145 FT MYERS, FL 33907 US</b>		Mailing Address <b>12995 S CLEVELAND AVE STE 145 FT MYERS, FL 33907 US</b>	
2. Principal Place of Business <b>12734 Renwood Lane Suite, Apt. #, etc. #85</b>		3. Mailing Address <b>12734 Renwood Ln Suite, Apt. #, etc. 85</b>	
City & State <b>FT MY FL</b> Zip <b>33907</b>		City & State <b>FT MY FL</b> Zip <b>33907</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>36-3330502</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAULUS, THOMAS J. 12995 S CLEVELAND AVE STE 145 FT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Thomas Paulus</b> Street Address (P.O. Box Number is Not Acceptable) <b>12734 Renwood Ln #85</b> City <b>FT MYERS</b>	
State <b>FL</b>		Zip Code <b>33907</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <b>1/6/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPT PAULUS, THOMAS J 14220 ROYAL HARBOR CT. #707 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PAULUS, SUSAN 14220 ROYAL HARBOR CT. #707 FORT MYERS, FL 33908	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<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 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 all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>1/6/06</b> Daytime Phone #: <b>239 7773202</b>	