2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# F94000001891

Entity Name: MERO STRUCTURES, INC.

Current Principal Place of Business:

W126 N8585 WESTBROOK CROSSING
MENOMONEE FALLS, WI 53051

New Principal Place of Business:

Current Mailing Address:

W126 N8585 WESTBROOK CROSSING
MENOMONEE FALLS, WI 53051

New Mailing Address:

FEI Number: 36-3455539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
18450 NE 2ND AVE
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROCK, R CLAYTON
Address: W126 N8585 WESTBROOK CROSSING
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: DP ( ) Delete
Name: COLLINS, IAN DR.
Address: W126 N8585 WESTBROOK CROSSING
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: D ( ) Delete
Name: FROEHLICH, JOSEPH
Address: W126 N8585 WESTBROOK CROSSING
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: VST ( ) Delete
Name: ANDERSON, KENT J
Address: W126 N8585 WESTBROOK CROSSING
City-St-Zip: MENOMONEE FALLS, WI 53051

Title: VP ( ) Delete
Name: PETERSON, TERRY
Address: W126 N8585 WESTBROOK CROSSING
City-St-Zip: MENOMONEE FALLS, WI 53051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KJ ANDERSON SECT 03/29/2006

Electronic Signature of Signing Officer or Director Date