## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AM Secretary of State

| DOCUMENT # H94012  1. Entity Name MERSUE, INC.  |   | · ·  |                               |                                    | ·   |
|---|---|--|-------------------------------|------------------------------------|---|
| Principal Place of Business<br>2100 COUNTRY CLUB ROAD<br>SANFORD, FL 32771  |   | Mailing Address<br>2100 COUNTRY CLUB ROAD<br>SANFORD, FL 32771 |                               | 1 (40000) 1111                     | . 1855 BYET WESTE FEELB SOM STAN BYEN BYEN BYEN BYEN BYEN BYEN BYEN BYE   |
| D   | O NOT WRITE   | **************************************                         | CE                            | 04252006<br>4. FEI Numbe<br>59-263 |   |
| 6. Name and Address of Current Registered Agent GRAY, N. DWAYNE 201 E PINE ST STE 500 ORLANDO, FL 32801   |   |  | DO NOT WRITE<br>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  |   |  |                               |                                    |   |
| FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees   |   |  |                               |                                    |   |
| 10. THE NAME STREET ADDRESS CITY-SY-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND COMPLETE STATE OF THE STATE OF | RECTORS  |                               |                                    | U00000537223<br>05/08/06-80013-026 150.00   |
| TITLE NAME STREET ADDRESS CITY-SI-2IP TITLE NAME STREET ADDRESS   |   |  |                               |                                    | NOT WRITE<br>THIS SPACE   |
| CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |   | ·-   | _                             |                                    |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | cortly that the information cumplied with   | this filling does not results for the                          | vemations contains            | od in Chanter 11                   | Finding Statutos: I further partitly that the information   |
| 12. I hereby certify that the information supplied with this filling 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 chapted, or on an entachment with an address, with all other like ampowered.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPES FOR PRINTED NAME OF FLORIDGE OFFICER OR DIRECTOR |   |  |                               |                                    |   |
| 1   | SIGNATURE AND COLCUPACIO  | an in a mane of Annual de Links of Pier                        |                               |                                    | Paris |