2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # H94012 02-27-2008 90028 001 ***138.75 1. Entity Name MERSUE, INC. 02-27-2008 90028 002 ****11.25 Principal Place of Business Mailing Address 66001642 2100 COUNTRY CLUB ROAD 2100 COUNTRY CLUB ROAD SANFORD, FL 32771 SANFORD, FL 32771 02072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2635869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GRAY, N. DWAYNE DO NOT WRITE 201 E PINE ST STE 500 IN THIS SPACE ORLANDO, FL 32801 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GILARDI, MICHAEL M NAME 2100 COUNTRY CLUB ROAD STREET ADDRESS SANFORD, FL 32771 CITY-ST-ZIP VD TITLE GRAY JR, N D NAME STREET ADDRESS 201 E PINE STE 500 CITY-ST-ZIP ORLANDO, FL 32801 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER ON MARGETON

2/24/08 Y07-425-6559 Date Daytime Phone #

FILED Feb 27, 2008 8:00 am