

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K11183

Entity Name: MEYER, INC.

FILED
Mar 16, 2006
Secretary of State

Current Principal Place of Business:

8895 N. MILITARY TRAIL
SUITE C-200
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

8895 N. MILITARY TRAIL
SUITE C-200
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0123312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: DP () Delete
Name: SULLIVAN, DAVID
Address: 8895 N. MILITARY TRAIL, SUITE C-200
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP () Delete
Name: DE CHALENDAR, PIERRE-ANDRE
Address: 8895 N. MILITARY TRAIL, SUITE C-200
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST () Delete
Name: SABLE, JACK
Address: 330 PATTON DRIVE SW
City-St-Zip: ATLANTA, GA 30066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: HINDLE, PETER
Address: 8895 N. MILITARY TRAIL, SUITE C-200
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JACK SABLE

DST

03/16/2006

Electronic Signature of Signing Officer or Director

Date