

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90010 044 ***150.00

DOCUMENT # L42349 1. Entity Name MERRICK HOLDINGS V, INC.																																	
Principal Place of Business 1499 W. PALMETTO PK. RD. STE 400 BOCA RATON, FL 33486			Mailing Address 1499 W. PALMETTO PK. RD. STE 400 BOCA RATON, FL 33486																														
2. Principal Place of Business 1008 GRAND COURT Suite, Apt. #, etc.		3. Mailing Address 1008 GRAND COURT Suite, Apt. #, etc.																															
City & State Highland Beach, FL		City & State Highland Beach, FL		4. FEI Number 65-0167524																													
Zip 33487		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent MORRIS, LELAND M. 1499 W. PALMETTO PK. RD. SUITE 400 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name MORRIS, LELAND M Street Address (P.O. Box Number is Not Acceptable) 1008 GRAND COURT City Highland Beach FL Zip Code 33487																													
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 <u><i>Leland Morris</i></u> LELAND MORRIS DP 2/20/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP MORRIS, LELAND M. 1499 W PALMETTO PK RD BOCA RATON, FL <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, LELAND M. 1499 W PALMETTO PK RD BOCA RATON, FL <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DP MORRIS, LELAND M 1008 GRAND COURT Highland Beach, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, LELAND M 1008 GRAND COURT Highland Beach, FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u><i>Leland Morris</i></u> LELAND MORRIS 2/20/06 561-417-4868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	