

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M29579 1. Entity Name MERCIS HOME CORP.					
Principal Place of Business 4291 SW 9TH TERRACE MIAMI, FL 33134		Mailing Address 4291 SW 9TH TERRACE MIAMI, FL 33134			
DO NOT WRITE IN THIS SPACE					
				 04102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2654261		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AGUIAR, MIRIAM 10249 SW 139TH COURT MIAMI, FL 33186				DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE UD00000518940 05/02/06-80033-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DPT AGUIAR, ALBERTO JR. 541 WINSTON DR. MELROSE PARK, IL 60160			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVS AGUIAR, MIRIAM 10249 SW 139 CT. MIAMI, FL 33186			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D RODRIGUEZ, ISABEL 4279 S.W. 9TH TERRACE MIAMI, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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>Miriam Aguiar</u> MIRIAM AGUIAR <u>04/15/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					