

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-01-2006 90010 043 \*\*\*150.00

<b>DOCUMENT # M64319</b> 1. Entity Name <b>MERRICK PROPERTIES, INC.</b>																																					
Principal Place of Business <b>8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b>			Mailing Address <b>8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b>																																		
2. Principal Place of Business <b>1008 GRAND COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1008 GRAND COURT</b> Suite, Apt. #, etc.																																			
City & State <b>Highland Beach, FL.</b> Zip <b>33487</b> Country <b>USA</b>		City & State <b>Highland Beach, FL.</b> Zip <b>33487</b> Country <b>USA</b>		4. FEI Number <b>65-0024640</b>																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent  <b>MORRIS, LELAND 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b>			7. Name and Address of New Registered Agent Name <b>MORRIS, LELAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>1008 GRAND COURT</b> City <b>HIGHLAND BEACH</b> <b>FL</b> Zip Code <b>33487</b>																																		
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 <b>Leland Morris LELAND MORRIS DP</b> DATE <b>2/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
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%;"> <b>PD MORRIS, LELAND M. 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b> <input type="checkbox"/> Delete           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MORRIS, LELAND M. 8809 TWIN LAKE DRIVE BOCA RATON, FL 33496</b> <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%;"> <b>PD MORRIS, LELAND M 1008 GRAND COURT Highland Beach, FL 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MORRIS, LELAND M 1008 GRAND COURT Highland Beach, FL 33487</b> <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: <b>Leland Morris LELAND MORRIS</b> DATE <b>2/20/06</b> DAYTIME PHONE <b>561-417-4868</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					