


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005225 1. Entity Name GEORGE MERRICK FOUNDATION, INC.	
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Principal Place of Business 1107 S GREENWAY DR CORAL GABLES FL 33134	Mailing Address P O BOX 144353 CORAL GABLES FL 33114
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-1055480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURR, ROBERT A 314 ROMANO AVE MIAMI FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP BURR, ROBERT A 314 ROMANO AVE CORAL GABLES FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642289 03/01/07-80037-009 61.25
	<input type="checkbox"/> Delete		
TITLE	STD BURR, ROBIN V 314 ROMANO AVE. CORAL GABLES FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D ALBURY, DAVID 8401 SW 90 ST. MIAMI FL 33156		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D MOORMAN, STEVE 365 MIRACLE MILE CORAL GABLES FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D HARRING, DANIEL 3645 LOQUAT AVE. MIAMI FL 33133		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  2/16/07 3054437973