2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N03000006472

Entity Name: MERRITT ISLAND CERT, INC.

Current Principal Place of Business:

3490 N. U.S. HIGHWAY 1
COCOA, FL 32926

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 542663
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 55-0842984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOILEAU, JOHN L
3490 N. U.S. HIGHWAY 1
COCOA, FL 32926 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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: WOLFE, LINDA
Address: 540 GATEWAY DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T ( ) Delete
Name: PYLES, LORETTA
Address: 335 JACALA DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: FREDLUND, WALTER
Address: 235 EYR AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: MCCOY, DAVID
Address: 3330 SPARTINA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete
Name: KING, LEIGH
Address: 540 GATEWAY DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: HAIN, JOSEPH
Address: 1594 W. CORAL COURT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T (X) Change ( ) Addition
Name: PYLES, LORETTA L
Address: 335 JACALA DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change ( ) Addition
Name: FREDLUND, WALTER
Address: 235 EYRE AVENUE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: P (X) Change ( ) Addition
Name: MCCOY, DAVID
Address: 3330 SPARTINA AVE
City-St-Zip: MERRITT ISLAND, FL 32953

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

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA L. PYLES TRES 02/10/2009

Electronic Signature of Signing Officer or Director — Date