2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N04000001115

Entity Name: MERCY GIFTS, INCORPORATED

Current Principal Place of Business:

248 EAGLE ESTATES DR.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

248 EAGLE ESTATES DR.
DEBARY, FL 32713

New Mailing Address:

FEI Number: 80-0093876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAIRMAN, GARY
248 EAGLE ESTATES DR.
DEBARY, FL 32713 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: D ( ) Delete
Name: FAIRMAN, GARY
Address: 248 EAGLE ESTATES DR.
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: HOAG, DAVID
Address: 31 JASMINE DR.
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: HARPER, DEREN
Address: 833 HANOVER RD.
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: MCPHAIL, MIKE
Address: 5776 JOHNSON LAKE RD.
City-St-Zip: DELEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY FAIRMAN PRES 05/15/2006
Electronic Signature of Signing Officer or Director Date