2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N45049

Entity Name: MERRICK FESTIVAL, INCORPORATED

Current Principal Place of Business:

P.O. BOX 143506
CORAL GABLES, FL 331143506

New Principal Place of Business:

3125 SEGOVIA STREET
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 143506
CORAL GABLES, FL 331143506

New Mailing Address:

FEI Number: 65-0288110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMGARTNER, SALLY L PRES.
3125 SEGOVIA STREET
CORAL GABLES, FL 33134 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: VPD ( ) Delete
Name: MORRIS, AARON
Address: 2263 S.W. 37 AVENUE
City-St-Zip: MIAMI, FL 33145

Title: PD ( ) Delete
Name: BAUMGARTNER, SALLY,
Address: 3125 SEGOVIA ST
City-St-Zip: CORAL GABLES, FL

Title: SD ( ) Delete
Name: BURNS, GLORIA
Address: 2655 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: WOODBRIDGE, YOLANDA
Address: 2655 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

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: SALLY BAUMGARTNER PRES 04/23/2007

Electronic Signature of Signing Officer or Director — Date