

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49682

FILED
Feb 11, 2007
Secretary of State

Entity Name: LISA MERLIN HOUSE, INC.

Current Principal Place of Business:

3101 NORTH PINE HILLS RD.
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

3101 NORTH PINE HILLS RD.
ORLANDO, FL 32808 US

New Mailing Address:

508 MAJORCA AVENUE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3132600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLIN, LISA
508 MAJORCA AVE
ALTAMONTE SPRINGS, FL 32714 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: CD () Delete
Name: HIGGINS, EDWARD J
Address: 14550 GAINESBOROUGH DR
City-St-Zip: ORLANDO, FL 32826

Title: VC () Delete
Name: ROWE, LAUREN
Address: 4466 N. JOHN YOUNG PARKWAY
City-St-Zip: ORLANDO, FL 32804

Title: TR (X) Delete
Name: PRONOVOST, BRUCE
Address: 138 MARK DAVID BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: SEC (X) Delete
Name: KIRVEN, JOSHUA
Address: 109 E. CHURCH ST
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Delete
Name: BOZZUTO, JACQUELINE
Address: 215 N. EOLA DR.
City-St-Zip: ORLANDO, FL 32801

Title: COO (X) Delete
Name: MERLIN, BRUCE
Address: 508 MAJORCA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MERLIN, LISA S
Address: 508 MAJORCA AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR (X) Change () Addition
Name: STACK, DAN C
Address: 261 LEMONLILLY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32707 US

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: LISA MERLIN

CEO

02/11/2007

Electronic Signature of Signing Officer or Director

Date