

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018707

FILED  
May 11, 2006  
Secretary of State

Entity Name: MERIDIAN ADVISORY GROUP, INC.

**Current Principal Place of Business:**

1790 NW 94 AVENUE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1790 NW 94 AVENUE  
DORAL, FL 33172

**New Mailing Address:**

FEI Number: 65-0983556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EVANS, MICHAEL F  
1790 NW 94 AVENUE  
DORAL, FL 33172 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SULLIVAN, ROBERT B  
Address: 1790 NW 94 AVENUE  
City-St-Zip: DORAL, FL 33172

Title: P ( ) Delete  
Name: EVANS, MICHAEL F  
Address: 1790 NW 94 AVENUE  
City-St-Zip: DORAL, FL 33172

Title: ST ( ) Delete  
Name: SULLIVAN, SUZANNE D  
Address: 1790 NW 94 AVENUE  
City-St-Zip: DORAL, FL 33172

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F EVANS

P

05/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date