


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90311 013 \*\*\*150.00

**DOCUMENT # P0000077594**  
 1. Entity Name  
 MERRITT SQUARE OFFICE ADVISORS, INC.



Principal Place of Business      Mailing Address  
 ATTN: STANLEY D. GOTTSEGEN      ATTN: STANLEY D. GOTTSEGEN  
 2255 GLADES RD., SUITE 411-E      2255 GLADES RD., SUITE 411-E  
 BOCA RATON, FL 33431      BOCA RATON, FL 33431

**DO NOT WRITE IN THIS SPACE**

66011793



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
 65-1033900      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GOTTSEGEN, STANLEY D  
 2255 GLADES ROAD  
 SUITE 411-E  
 BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Stanley D. Gottsegen*      DATE: 4/3/06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      \$5.00 May Be  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOTTSEGEN, STANLEY D
STREET ADDRESS	2255 GLADES ROAD SUITE 411-E
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VSD
NAME	EHRENSTEIN, GABRIEL
STREET ADDRESS	6430 VIA TIERRA
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Stanley D. Gottsegen*      DATE: 4/20/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**STANLEY D. GOTTSEGEN**