


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90311 040 ***150.00

DOCUMENT # P0000079036
 1. Entity Name
 MERRITT SQUARE OFFICE MANAGERS, INC.



Principal Place of Business 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431	Mailing Address 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431
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66011792



03012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1034806	Applied For Not Applicable
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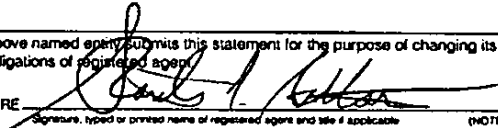
5. Certificate of Status Desired \$8.75 Additional Fee Required

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 agent 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:  DATE: 4/3/06

Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOTTSEGEN, STANLEY D 2255 GLADES ROAD SUITE 411-E BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD EHRENSTEIN, GABRIEL 6340 VIA TIERRA BOCA RATON, FL 33433
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:  DATE: 4/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY D. GOTTSEGEN