2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105218

Entity Name: MERIT CONSULTING, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

159 HAMPTON POINT DR. SUITE 4 ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

159 HAMPTON POINT DR. SUITE 4
ST. AUGUSTINE, FL 32092
159 HAMPTON POINT DR. SUITE 4
ST. AUGUSTINE, FL 32092
ST. AUGUSTINE, FL 32092

FEI Number: 59-3683048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STONEBURNER BERRY GOLDMAN & SIMMONS, P.A.

841 PRUDENTIAL DRIVE
STE 1400

JACKSONVILLE, FL 32207 US

SMITH, DAVID
159 HAMPTON POINT DRIVE
SUITE 4
SAINT AUGUSINE, FL 32092 US

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: DAVID C. SMITH 01/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: CONSBRUCK, PAUL Name: SMITH, DAVID C

Address: 159 HAMPTON POINT DRIVE, STE. 4 Address: 159 HAMPTON POINT DRIVE, STE. 4

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. AUGUSTINE, FL 32092

Title: P () Delete Title: VP (X) Change () Addition

Name: SMITH, DAVID C Name: ROGOVE, ARTHUR H

Address: 159 HAMPTON POINT DRIVE, STE. 4 Address: 159 HAMPTON POINT DRIVE, STE. 4

City-St-Zip: ST. AUGUSTINE, FL 32092 City-St-Zip: ST. AUGUSTINE, FL 32092

 $\label{eq:title:Title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 ROGOVE, ARTHUR H
 Name:

 Address:
 159 HAMPTON POINT DRIVE, STE. 4
 Address:

 City-St-Zip:
 ST. AUGUSTINE, FL 32092
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR H. ROGOVE VP 01/12/2009