2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# P01000024380

Entity Name: MERIT INSURANCE RECONSTRUCTION, INC.

Current Principal Place of Business:

4410 NW 7TH STREET
COCONUT CREEK, FL 33066

New Principal Place of Business:

Current Mailing Address:

4410 NW 7TH STREET
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 65-0268140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEFAZIO, DAVID
4410 NW 7TH STREET
COCONUT CREEK, FL 33066 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: D ( ) Delete
Name: DEFAZIO, DAVID
Address: 4410 NW 7TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WRIGHT, LEONARD
Address: 619 ORTON AVE
City-St-Zip: FT. LAUDERDALE, FL 33304

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: DAVID DEFAZIO D 06/29/2009

Electronic Signature of Signing Officer or Director Date