2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 08:00 AN **DOCUMENT # P02000094345 Secretary of State** 1. Entity Name MERGE FINANCIAL, INC. Principal Place of Business Mailing Address 305 SPRINGCOLFIT 305 SPANGCOLAT CLEARWATER PL 33755 CLEARWATER FL 33755 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2072564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent D'ALESSIO, JORDAN DO NOT WRITE 305 SPRING COURT CLEARWATER, FL 33755 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE UNN000403634 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 02/06/06-80015-802 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME D'ALESSIO, JORDAN STREET ADDRESS 305 SPRING COURT CLEARWATER, FL 33755 CITY-ST-ZIP TITLE REGENSBURG, JASON MAME STREET ADDRESS 305 SPRING COURT CITY-ST-ZIP CLEARWATER, FL 33755 TITLE D'ALESSIO, JORDAN STREET ADDRESS 305 SPRING COURT DO NOT WRITE CITY-ST-ZIP CLEARWATER, FL 33755 TITLE IN THIS SPACE REGENSBURG, JASON NAME 305 SPRING COURT STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33755 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 trusted 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.

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SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAGS Dala 1/23/06 727-46 600

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