

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101662

Entity Name: MERIDIEN ACCENTS, INC.

FILED
Apr 16, 2006
Secretary of State

Current Principal Place of Business:

203 N. LEWIS ST
LAGRANGE, GA 30240

New Principal Place of Business:

Current Mailing Address:

251 CRANDON BLVD
441
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 81-0573522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURRAY, PATRICIA B
251 CRANDON BLVD
#441
KEY BISCAYNE, FL 33149 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: CASTRO, RAUL M
Address: PROLONGACION EMPERADORES NO 262
City-St-Zip: MEXICO, DF 03320 MX

Title: MR. () Delete
Name: ENRIQUEZ, FELIPE
Address: BOSQUE DE JACARANDAS NO 693
City-St-Zip: MEXICO, DF 11700 MX

Title: MS () Delete
Name: MURRAY, PATRICIA B
Address: 251 CRANDON BLVD, #441
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MR. () Delete
Name: MURRAY, HUGH D
Address: 251 CRANDON BLVD, #441
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MR. () Delete
Name: ENRIQUEZ, JEAN C
Address: CERRADA DE ARTEAGA Y SALAZAR NO 104
City-St-Zip: MEXICO, DF 05500 MX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA BARBER MURRAY

PRES

04/16/2006

Electronic Signature of Signing Officer or Director

_____ Date