2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-26-2007 90060 045 ***150.00 DOCUMENT # P03000018484 1. Entity Name MERRYSAMAN, INC. 40023980 Principal Place of Business Mailing Address 11905 S DIXIE HWY C/O 833 E. ARAPAHO MIAMI, FL 33156 STE. 220 RICHARDSON, TX 75081 No Chg-P CR2E034 (11/05) 02222007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0830650 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAID, AZHAR DO NOT WRITE 11905 S DIXIE HWY MIAMI, FL 33156 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 repistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SAID, AZHAR NAME STREET ADDRESS 11905 S DIXIE HWY CATY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED Feb 26, 2007 8:00 am

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 rustee 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 addiess, with all other like empowered. SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP