2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071095

SIBIGA, STEPHEN P

ORLANDO, FL 32835

3300 S HIAWASSEE ROAD SUITE 106

Name:

Address:

City-St-Zip:

FILED Apr 13, 2006 Secretary of State

Entity Nan	ne: MERE RI	EAL ESTATE COMPANY, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
SUITE 106	WASSEE RC 9, FL 32835	AD			
Current M	ailing Addres	ss:	New Mailing Address:		
SUITE 106	WASSEE RC 9, FL 32835	AD			
FEI Number:	20-0059588	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
BALLINGER, DAVID A Q 2525 HEMPEL AVE. WINDERMERE, FL 347868307 US			BALLINGER, DAVID A 1821 BAILLIE GLASS LANE ORLANDO, FL 32835 US		
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: DAVID A	BALLINGER		04/13/2006	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BALLINGER, D	SSEE ROAD SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FOLAND, DALE	SSEE ROAD SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GRAY, KEVIN I	SSEE ROAD SUITE 106	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DAVID A. BALLINGER	D/P	04/13/2006