2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM DOCUMENT # P03000140543 **Secretary of State** 1. Entity Name MERCANDINO INC. Principal Place of Business Mailing Address **6417 W LIBERTY LANE** 6417 W LIBERTY LANE HOMOSASSA, FL 34448 HOMOSASSA, FL 3444B 02142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 90-0128808 Not Applicat \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MERCANDINO, RONALD DO NOT WRITE 6417 W LIBERTY LANE HOMOSASSA, FL 34448 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 according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent 2-14-04 SIGNATURE (NOTE: Registered Apent signature required when reinstating U00<u>00</u>00473437 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/31/06-8<mark>00</mark>16**-0**17 150.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DILE MERCANDINO, RONALD NAME 6417 W LIBERTY LANE STREET ADDRESS HOMOSASSA, FL 34448 CITY-ST-ZIP THILE MERCANDINO, FRED NAME STREET ADDRESS 6417 W LIBERTY LANE City Ct. 210 HOMOSASSA, FL 34448 TITLE NAME MERCANDINO, RICHARD STREET ADDRESS 6417 W LIBERTY LANE DO NOT WRITE CITY-ST-ZIP HOMOSASSA, FL 34448 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP SITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 directly 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Monald R. Mercanduro

2-14-06 (352) 629-331

FILED