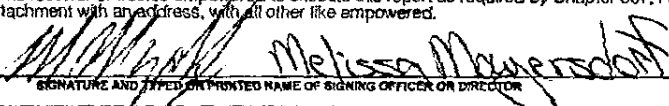


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000007229 1. Entity Name MAYERS18 INC.			
Principal Place of Business 7622 SOLIMAR CR. BOCA RATON, FL 33433		Mailing Address 7622 SOLIMAR CR. BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-P CRZE034 (11/05)	
		4. FEI Number 90-0133358	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYERSDORF, HESH 7622 SOLIMAR CR. BOCA RATON, FL 33433		DO NOT WRITE 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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$130.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MAYERSDORF, HESH 7622 SOLIMAR CR. BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE U00000435462 02/25/06-80043-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAYERSDORF, MELISSA 7622 SOLIMAR CR. BOCA RATON, FL 33433		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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 trustee 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.			
SIGNATURE:  Melissa Mayersdorf		1/06' (5609559284)	