

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (APR)**

DOCUMENT # P05000024008

1. Entity Name

MERIT MANAGEMENT GROUP, INC.



3.
3.

**FILED
Apr 03, 2006 8:00 am
Secretary of State**

03-07-2006 90213 001 ***150.00

03-07-2006 90213 002 *****8.75

U U U U U



1st MOORE CR2E034 (10/05)

| | | |
|---|--|---|
| Principal Place of Business 4403 PINEBARK AVENUE ORLANDO FL 32811 | Mailing Address P O BOX 412 GOTHA FL 34734 | |
| 2. Principal Place of Business HOME Suite, Apt. #, etc. | 3. Mailing Address P O BOX 412 Suite, Apt. #, etc. | |
| City & State GOTHA | City & State FL | |
| Zip | Country USA | |
| 6. Name and Address of Current Registered Agent TOSI, MARTI 4403 PINEBARK AVE ORLANDO FL 32811 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
| | | FL Zip Code |

4. FEE Number
202339530
5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

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, type, or print name of registered agent and his or her spouse)

(NOTE: Registered Agent's signature required when translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

| | | | |
|--|---|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P TOSI, MARTI 4403 PINEBARK AVE ORLANDO FL 32811 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FIGUEROA, SARA E 4403 PINEBARK AVE ORLANDO FL 32811 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO TOSI, MARTI 4403 PINEBARK AVE ORLANDO FL 32811 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Josep Tosi | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | 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 Section 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 a power like empowered. | | | |

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/06 (607)3400641

Date

Daytime Phone #