


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-07-2006 90213 001 ***150.00
03-07-2006 90213 002 *****8.75

DOCUMENT # P05000024008

1. Entity Name
MERIT MANAGEMENT GROUP, INC.



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

3. Mailing Address
P O BOX 412

Suite, Apt. #, etc.

City & State
GOTHA FL

City & State
FL

Zip
34734

Country
USA

4. FEI Number
202339530

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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

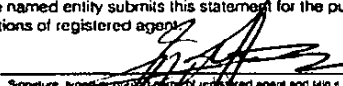
Street Address (P.O. Box Number is Not Acceptable)

City

State **FL**

Zip Code

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  DATE **3/22/06**

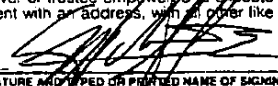
Signature, handwritten or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when re-electing)

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 P	<input type="checkbox"/> Delete	TITLE SARA FIGUEROA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOSI, MARTI		NAME	
STREET ADDRESS 4403 PINEBARK AVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32811		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIGUEROA, SARA E		NAME	
STREET ADDRESS 4403 PINEBARK AVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32811		CITY-ST-ZIP	
TITLE CEO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TOSI, JOSEPH		NAME	
STREET ADDRESS 4403 PINEBARK AVE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32811		CITY-ST-ZIP	
TITLE Josep Tosi	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an officer like empowered.

SIGNATURE:  DATE **02/19/06** DAYTIME PHONE **(407) 340 0641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR