

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90024 014 \*\*\*550.00

DOCUMENT # P05000055495					
1. Entity Name MERIT HOLDINGS CORP.					
Principal Place of Business 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907		Mailing Address 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>SUITE #85</i>		Suite, Apt. #, etc. <i>SUITE #85</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>20-2683306</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAAS, LINDA 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907			Name <i>Susan Paulus</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>12734 Kenwood Lane #85</i>		
			City <i>Ft. Myers, FL</i>		
			Zip Code <i>33907</i>		
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: <i>Susan H. Paulus, Manager</i>				DATE: <i>7/10/06</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, LINDA			NAME	<i>Susan Paulus</i>
STREET ADDRESS	12734 KENWOOD LANE, SUITE 93			STREET ADDRESS	<i>12734 Kenwood Lane #85</i>
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP	<i>Ft. Myers, FL 33907</i>
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	
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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 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: <i>Susan H. Paulus, Manager</i>				Date: <i>7/10/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>239-936-8996</i>	