


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 Mailing Address

12734 KENWOOD LANE 12734 KENWOOD LANE
 SUITE 93 SUITE 93
 FORT MYERS, FL 33907 FORT MYERS, FL 33907

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE #85 *SUITE #85*

City & State City & State

Zip Country Zip Country



07102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2683306 Not Applicable

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

6. Name and Address of Current Registered Agent

HAAS, LINDA
 12734 KENWOOD LANE
 SUITE 93
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: *Susan Paulus*
 Street Address (P.O. Box Number is Not Acceptable): *12734 Kenwood Lane #85*
 City: *Ft. Myers, FL* Zip Code: *33907*

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: *Susan H. Paulus, Manager* DATE: *7/10/06*

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	HAAS, LINDA	12734 KENWOOD LANE, SUITE 93	FORT MYERS, FL 33907	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Susan Paulus	12734 Kenwood Lane #85	Ft. Myers, FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Susan H. Paulus, Manager* Date: *7/10/06* Daytime Phone #: *239-936-8996*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR