

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000061347

1. Entity Name
MEREL SERVICES, INC.



FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90184 020 ***150.00

Principal Place of Business 5416 CLEVELAND ROAD DELRAY BEACH, FL 33484 US	Mailing Address 5416 CLEVELAND ROAD DELRAY BEACH, FL 33484 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2876249	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name _____

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

City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete	NAME MEREL, DWIGHT O
STREET ADDRESS	5416 CLEVELAND ROAD		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		

TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	NAME
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: *[Signature]* **4-24-06 (561) 498-9236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #