2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P05000105138

Entity Name: MEKRCK, INC.

Current Principal Place of Business:

4133 CARAMBOLA CIRCLE SOUTH
G303
COCONUT CREEK, FL 33066

New Principal Place of Business:

1702 ANDROS ISLE
N1
COCONUT CREEK, FL 33066

Current Mailing Address:

4133 CARAMBOLA CIRCLE SOUTH
G303
COCONUT CREEK, FL 33066

New Mailing Address:

1702ANDROS ISLE
N1
COCONUT CREEK, FL 33066

FEI Number: 20-3219406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERSCHMAN, MARY ELLEN
4133 CARAMBOLA CIRCLE SOUTH
G303
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

KERSCHMAN, MARY ELLEN
1702 ANDROS ISLE
N1
COCONUT CREEK, FL 33066 US

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.

SIGNATURE: MARYELLEN KERSCHMAN 02/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: KERSCHMAN, RYAN
Address: 456 LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063 US

Title: DIR ( ) Delete
Name: KERSCHMAN, MARY ELLEN
Address: 4133 CARAMBOLA CIRCLE S, #G303
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: P ( ) Delete
Name: KERSCHMAN, RYAN
Address: 456 LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063 US

Title: VP ( ) Delete
Name: KERSCHMAN, RYAN
Address: 456 LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063 US

Title: SEC ( ) Delete
Name: KERSCHMAN, RYAN
Address: 456 LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063 US

Title: TREA ( ) Delete
Name: KERSCHMAN, RYAN
Address: 456 LAUREL DRIVE
City-St-Zip: MARGATE, FL 33063 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: KERSCHMAN, MARY ELLEN
Address: 1702 ANDROS ISLE APT N1
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYAN KERSCHMAN DIR 02/27/2009
Electronic Signature of Signing Officer or Director Date