2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111553

NORVILLE, MERLYN

8261 SW 39 COURT

DAVIE, FL 33328

Name:

Address: City-St-Zip:

Entity Name: MERLYN NORVILLE EXPORTS INC

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8261 SW 39 COURT DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 8261 SW 39 COURT DAVIE, FL 33328 FEI Number: 20-3309899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NORVILLE, MERLYN 8261 SW 39 COURT DAVIE, FL 33328 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NORVILLE, MERLYN Name: Name: 8261 SW 39 COURT Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: VP/T Title: () Change () Addition () Delete Name: NORVILLE, MERLYN Name: 8261 SW 39 COURT Address: Address: DAVIE, FL 33328 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MERLYN NORVILLE P 02/27/2009