2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157291

Title:

Name:

Address:

City-St-Zip:

DIR

HILL, JARETT

(X) Delete

12240 ROYAL PALM BLVD

CORAL SPRING, FL 33065 US

Entity Name: MERGE POWER POINT, INC.

FILED May 01, 2007 Secretary of State

| , | | , | | | | | |
|--|--------------------------------------|---|--------------|--|--|---------------------------------|-------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 11240 ROYAL PALM BLVD. BLDG. C5 CORAL SPRING, FL 33065 | | | | 10242 NW 47TH STREET SUITE 28-29 SUNRISE, FL 33351 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 11240 ROYAL PALM BLVD BLDG . C5 CORAL SPRING, FL 33065 | | | | 10242 NW 47TH STREET SUITE 28-29 SUNRISE, FL 33351 | | | |
| FEI Number: | 06-1792874 | FEI Number Applied For () | FEI Num | nber Not Appli | cable () | Certificate of Status Desired (|) |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| BLDG. C5 | EEN J AL PALM BLV RING, FL 330 | | | | | | |
| The above in the State | | ubmits this statement for the po | urpose of | f changing it | s registered o | ffice or registered agent, or | both, |
| SIGNATUR | E: | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | |
| | | (2)(b), F.S., the corporation did not Trust Fund Contribution (). | t receive th | ne prior notice | э. | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | HUIE, COLEEN | ALM BLVD., BLDG. C5 | | Title: Name: Address: City-St-Zip: | () | Change () Addition | |
| Title: Name: Address: City-St-Zip: | MENA, MARCIÁ | Delete TREET, APT. 304 5 | | Title: Name: Address: City-St-Zip: | VP (X RAYMOND, HO 4874 BISHOP S DETROIT, MI | STREET | |
| Title: Name: Address: City-St-Zip: | RICKETTS, CHA 12240 ROYAL F | | | Title: Name: Address: City-St-Zip: | RICKETTS, GA 12240 ROYAL | | |

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GARFIELD RICKETTS VP 05/01/2007

() Change () Addition