

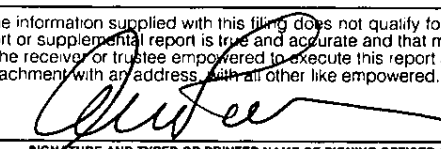


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000091954			
1. Entity Name MERLE AND ME CORPORATION			
Principal Place of Business 19594 SATURNIA LAKES DRIVE BOCA RATON, FL 33498		Mailing Address 19594 SATURNIA LAKES DRIVE BOCA RATON, FL 33498	
DO NOT WRITE IN THIS SPACE			
		 01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1288634	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PACKMAN, ALAN 19594 SATURNIA LAKES DRIVE BOCA RATON, FL 33498		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	PACKMAN, MERLE		
STREET ADDRESS	19594 SATURNIA LAKES DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33498		
TITLE	VP		
NAME	PACKMAN, ALAN		
STREET ADDRESS	19594 SATURNIA LAKES DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33498		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			