
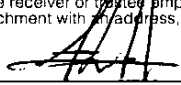


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000122598</b> 1. Entity Name <b>MERRICK TITLE COMPANY INC.</b>						<b>FILED</b> <b>07 APR 23 PM 4:17</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business <b>C/O CORPORATE PROCESS SERVICES INC.</b> <b>2300 CORAL WAY - SUITE 201</b> <b>MIAMI, FL 33145</b>				Mailing Address <b>C/O CORPORATE PROCESS SERVICES INC.</b> <b>2300 CORAL WAY - SUITE 201</b> <b>MIAMI, FL 33145</b>				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number <b>20-5619352</b>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATE PROCESS SERVICES, INC.</b> <b>2300 CORAL WAY</b> <b>SUITE 201</b> <b>MIAMI, FL 33145</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>								
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, ANA M 2300 CORAL WAY #201 MIAMI, FL 33145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-family: cursive;">3/4/23</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRUZ, MIRIAM 2300 CORAL WAY #201 MIAMI, FL 33145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALLERGIS, JOHN 2300 CORAL WAY #201 MIAMI, FL 33145 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>200099080782</b>  <b>04/27/07--01010--014 **158.75</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.								
<b>SIGNATURE:</b> 				<b>3/31/07</b>				<b>(305) 856 0050</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #				

JOHN KALLERGIS, President