## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # P06653  1. Entity Name MERCHANDISING EQUIPMENT, INC.							04-25-2007 9	01640	30 ***158	8.75
Principal Plac	e of Business	Mailing Address	1		J. Q.V	400.00				
820 FAIRBURN ROAD, S.W. ATLANTA, GA 30331		820 FAIRBURN ROAD, S.W. Atlanta, ga 30331								
Principal Place of Business - No P.O. 8ox #     3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03292007	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Number         Applied For           58-0662431         Not Applicable					
Zip	Country	Zip	ntry		5. Certificate o	f Status Desired	×	\$8.75 Add		
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New Re	egistered	Agent	
NRAI SERVICES, INC.				Name	16					
2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
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										
FILE NOW!!! FEE 19 \$450.00 9. Election Campaign Financing \$5.00 May Re										
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND		11.			ADDITIONS/C	HANGES TO OFFI	CERS AN		
NAME STREET ADDRESS CITY-ST-ZIP	GRANT, LAWTON K 820 FAIRBURN RD., S.W. ATLANTA, GA 30331	□ Delete			DIRI	ECTOR			Change	Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERMAN, HELEN 25 RIVERSIDE DRIVE SHARPSBURG, GA 30277	☐ Delete		-					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRANT, ROBERT C 396 SULLIVAN ROAD NEWNAN, GA	☐ Delete	TITLI NAM STRE	E	PRES	SIDENT &	DIRECTOR		K Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATT BROWN 1120 CIMARRON CT. CLARKSTON, GA 300	□ Delete			VP				☐ Change	XXAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RALPH T. SMITH, JI 166 ROCK GARDEN TI MARIETTA, GA 300	ERRACE			VP				□ Change	<b>XX</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	Addition
12. I hereby o	certify that the information supplied with	this filing does not qualify f	or the exe	emptions co	ontained	in Chapter 119, I	Florida Statutes. I I	lurther cer	tify that the in	nformation

2. Thereby Certify that the information supplies with his limited does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental perfort 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:

HELEN SHERMAN

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07 Date 404-696-2466

Daytime Phone #