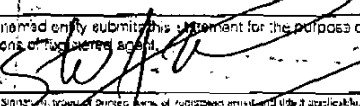
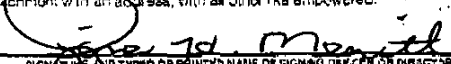


FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 020 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000014230			
1. Entity Name MERRITT ENTERPRISES INTERNATIONAL, INC.			
Principal Place of Business 6299 PINE DR LANTANA, FL 33462		Mailing Address 36 HASTINGS LANE LANTANA, FL 33462	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6299 Pine Dr. Suite, Apt. #, etc.	
City & State Lantana, FL		City & State Lantana, FL	
Zip 33462	Country USA	4. FEI Number 65-0811603	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MERRITT, STEVE 36 HASTINGS LANE LANTANA, FL 33462	
7. Name and Address of New Registered Agent Name Steve Merritt Street Address (P.O. Box Number is Not Acceptable) 6299 Pine Dr. City Lantana FL Zip Code 33462		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, the named agent.	
SIGNATURE  Pres. DATE 1-25-05		9. Election Campaign Financing True; Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MERRITT, STEVE 6299 PINE DR LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRITT, GINA 6299 PINE DR LANTANA, FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 registered agent 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:  V.P. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 1/25/05 501-586-3603	

40008131



01282005 Chg-P CR2EC34 (10/05)