2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26400

Title:

Name:

Address:

City-St-Zip:

FILED Feb 12, 2007 Secretary of State

Entity Name: WANT ADS OF MERRITT ISLAND, INC.

Current Principal Place of Business: New Principal Place of Business: 20011 EMERALD COAST PKWY 838 AIRPORT RD DESTIN, FL 32541 US DESTIN, FL 32541 US **Current Mailing Address: New Mailing Address:** PO BOX 1659 DESTIN, FL 32540 US FEI Number: 59-2911627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition EARLES, CHARLES E EARLES, CHARLES E Name: Name: 20011 EMERALD COAST PKWY 838 AIRPORT RD. Address: Address: City-St-Zip: DESTIN FL City-St-Zip: DESTIN, FL Title: Title: () Delete () Change () Addition Name: GREGORY, MARY, Name: 240 S COURTENAY PKWY. Address: Address: MERRITT ISLAND, FL City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition CHRISTENSEN, ROBERT L CHRISTENSEN, ROBERT L Name: Name: 20011 EMERALD COAST PARKWAY 838 AIRPORT RD Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 Title: (X) Delete Title: () Change () Addition TREESE, HARRY S Name: Name: Address: 3901 WEST WACO DRIVE Address: City-St-Zip: City-St-Zip: WACO, TX 76710 Title: Title: () Delete (X) Change () Addition MODLIN, KIMBERLY Name: MODLIN, KIMBERLY Name: 20011 EMERALD COAST PKWY Address: 838 AIRPORT RD Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY S. MODLIN S 02/12/2007

() Delete

CHRISTENSEN, MARY T

PARK CITY, UT 84060

2406 MORNING STAR CT.

(X) Change () Addition

CHRISTENSEN, MARY T

4501 50TH STREET

LUBBOCK, TX 79414