


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90015 021 ***150.00

DOCUMENT # P92000004153

1. Entity Name
MERLY INVESTMENTS, INC.



Principal Place of Business Mailing Address

235 S MAITLAND AVE **P.O BOX 941569**
#111 **MAITLAND, FL 32794**
MAITLAND, FL 32750

50004806



2. Principal Place of Business 3. Mailing Address

7226 W. COLONIAL DR Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

373

02152006 Chg-P CR2E034 (11/05)

City & State City & State

ORLANDO, FL

Zip Country Zip Country

32818 **USA**

4. FEI Number Applied For

59-3149025 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VIERA MENDES, ELZA
235 S MAITLAND AVE
#11
MAITLAND, FL 32750.

7. Name and Address of New Registered Agent

Name
ELZA MENDES-VIEIRA

Street Address (P.O. Box Number is Not Acceptable)
7226 W. COLONIAL DRIVE

373

City State Zip Code
ORLANDO **FL** **32818**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MENDES VIERA, ELZA	
STREET ADDRESS	235 S MAITLAND AVE	
CITY - ST - ZIP	MAITLAND, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELZA MENDES VIERA	
STREET ADDRESS	7226 W. COLONIAL DRIVE, #373	
CITY - ST - ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: *Elza Mendes* 3/20/06 107-532-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR