

**2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

06 JUN -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000030658			
1. Entity Name MERITS HEALTH PRODUCTS, INC.			
Principal Place of Business 730 NE 19TH PLACE CAPE CORAL, FL 33909 US		Mailing Address C/O FRANCES SZYMANSKI 13391 GATEWAY DR #117 FORT MYERS, FL 33919	
2. Principal Place of Business		3. Mailing Address C/O FRANCES K. SZYMANSKI	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 2413 NW 27TH TERR	
City & State		City & State CAPE CORAL FL	
Zip	Country	Zip	Country
		33993	
04202006		Chg-P	CR2E034 (11/05)
4. FEI Number 65-0419976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SZYMANSKI, FRANCES K 13391 GATEWAY DR #117 FORT MYERS, FL 33919		Name FRANCES K. SZYMANSKI	
		Street Address (P.O. Box Number is Not Acceptable) 2413 NW 27TH TERR.	
		City CAPE CORAL	
		FL	
		Zip Code 33993	
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: 5/29/06	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHENG, LARRY 9 ROAD 36, TAICHUNG INDUSTRIAL PARK TAICHUNG, TA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900076154989 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/13/06--01037--015 ***61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, WINSTON 20950 HUFFMASTER N. FORT MYERS, FL <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	DPST CHANG, TONY 9 RD 36 TRICAHUNG INDUSTRIAL PARK TALCHUNG, TA. <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	VP LEE, ANGELO 4235 PERTH CT NORTH FORT MYERS, FL 33903 <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	JC 6/9 <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.			
SIGNATURE:		DATE: 5/2/06 239-772-0579	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	