


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 SEP -2 PM 12:22  
TALLAHASSEE, FLORIDA  
T. Roberts SEP 06 2005

DOCUMENT # P94000052268		
1. Entity Name MERLIN'S, INC.		

Principal Place of Business 144 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548	Mailing Address 144 MIRACLE STRIP PKWY SE FT WALTON BEACH, FL 32548
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2. Principal Place of Business 122 Miracle Strip Pkwy SE Suite, Apt. #, etc.	3. Mailing Address 122 Miracle Strip Pkwy SE Suite, Apt. #, etc.
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City & State Ft. Walton Bch, FL	City & State Ft. Walton Bch, FL
Zip 32548	Zip 32548
Country	Country

08162005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3304624	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REED, MARTHA J 842 SANTA ROSA CT FT WALTON BEACH, FL 32548
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: <i>Martha J. Reed, Pres.</i>	DATE: 8-25-5

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, DOUGLAS A 842 SANTA ROSA CT FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059386048 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/07/05--01023--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MARTHA J 842 SANTA ROSA CT FT WALTON BEACH, FL 32548 <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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Martha J. Reed, Pres</i>	DATE: 8-29-5 DAYTIME PHONE: 850-243-4440