2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# P96000018342

Entity Name: MERLA, INC.

Current Principal Place of Business:

1441 16TH ST.
CLERMONT, FL 347112885

New Principal Place of Business:

Current Mailing Address:

1441 16TH ST.
CLERMONT, FL 347112885

New Mailing Address:

FEI Number: 59-3365532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSKINSON, DOROTHY L
1190 LAKESHORE DRIVE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: HOSKINSON, JAMES M
Address: 1441 16TH STREET
City-St-Zip: CLERMONT, FL 347112885

Title: VD ( ) Delete
Name: HOSKINSON, DOROTHY L.
Address: 1190 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL

Title: STD ( ) Delete
Name: HOSKINSON, JAMES M
Address: 746 OAK LANE
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HOSKINSON, DOROTHY L
Address: 1190 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL

Title: STD (X) Change ( ) Addition
Name: HOSKINSON, JAMES M JR.
Address: 746 OAK LANE
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JAMES M. HOSKINSON PD 01/19/2005

Electronic Signature of Signing Officer or Director Date