2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT # P96000042952** 01-16-2007 90219 043 ***150.00 MERIT SYSTEMS, INC. ENANTO: . Principal Place of Business Mailing Address 855 SOUTH FEDERAL HIGHWAY 855 SOUTH FEDERAL HIGHWAY **STE 113 STE 113** BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1801 ClintMoore Road 1801 ClintMoore Road Suite, Apt. #, etc. # 2 0 0 Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) #200 City & State Boca Raton. City & State Boca Raton 4. FEI Number Applied For FLFL65-0663953 Not Applicable Country Zip | Country |Palm Beach \$8.75 Additional 3487 - 27525. Certificate of Status Desired 33487-2752 Palm Beach 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PICINICH, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1801 ClintMoore Road 855 SOUTH FEDERAL HIGHWAY **STE 113** Suite 200 BOCA RATON, FL 33432 Zip Code 33487 Boca Raton 8. The above named entity-subpries 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 reg Kenneth Picinich, Pres. 1/11/07 SIGNATURE. ent and tale of applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition Delete TITLE PICINICH, KENNETH NAME NAME 1801 ClintMoore Road, #200 STREET ADDRESS 855 S. FEDERAL HWY, #113 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 33487-2752 Boca Raton, FL TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITL F ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7/P 12. I hereby certify that the information supplied with thie 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 treofand accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee consequence 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.

enneth Picinich, Pres.

1/11/07

Daytime Phone #

561-750-3611

FILED Jan 16, 2007 8:00 am