

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State



DOCUMENT # S98303
1. Entity Name
MERRI-GO-ROUND, INC.

Principal Place of Business 6906 CYPRESS ROAD PLANTATION FL 33317	Mailing Address 6906 CYPRESS ROAD PLANTATION FL 33317
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
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4. FEI Number 65-0309017	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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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

**FRANKEN, CHARLES D.
8181 WEST BROWARD BLVD.
SUITE 360
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 re-registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PST PARIS, GERALD 6906 CYPRESS ROAD PLANTATION FL	<input type="checkbox"/>
TITLE	D PARIS, GERALD 6906 CYPRESS ROAD PLANTATION FL	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
TITLE		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>

U00000686835
04/10/07-80015-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: _____ **3/28/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #