

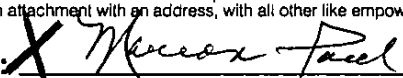
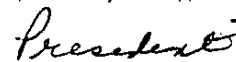


FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 488826 1. Entity Name MARION PAUL, INC.				Secretary of State		
Principal Place of Business 615 MARINA POINT DRIVE DAYTONA BEACH, FL 32114		Mailing Address PO BOX 250300 HOLLY HILL, FL 32125				
DO NOT WRITE IN THIS SPACE						
				01032007 No Chg-P CR2E034 (11/05)		
				4. FEI Number 59-1631344		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOERNER, H. CHARLES, JR. 2001 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119				DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN00000585178 01/12/07-80067-004 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PAUL, MARION 615 MARINA POINT DRIVE DAYTONA BEACH, FL 32114					
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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: 		MARION PAUL  PRESIDENT				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____				

1/3/07:JFW:dr