


FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90007 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000527

1. Entity Name
 MAR-TEST, INC.



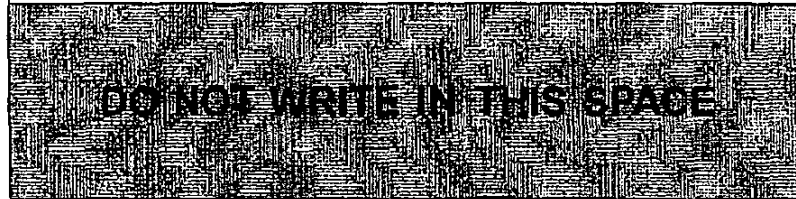
40058293

Principal Place of Business
 1245 HILLSMITH DR.
 CINCINNATI, OH 45215

Mailing Address
 7945 ~~3025~~ SW JACK JAMES DR.
 STUART, FL 34997-7208



01042008 No Chg-P CR2E034 (11/05)



4. FEI Number
 31-0791303

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETTER, STEVEN M.
~~1245 HILLSMITH DR. CINCINNATI, OH 45215~~ 7945 SW JACK JAMES DR.
 STUART, FL 34997-7208

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 STEVEN M. ETTER Steven M. Etter JAN. 4, 2008

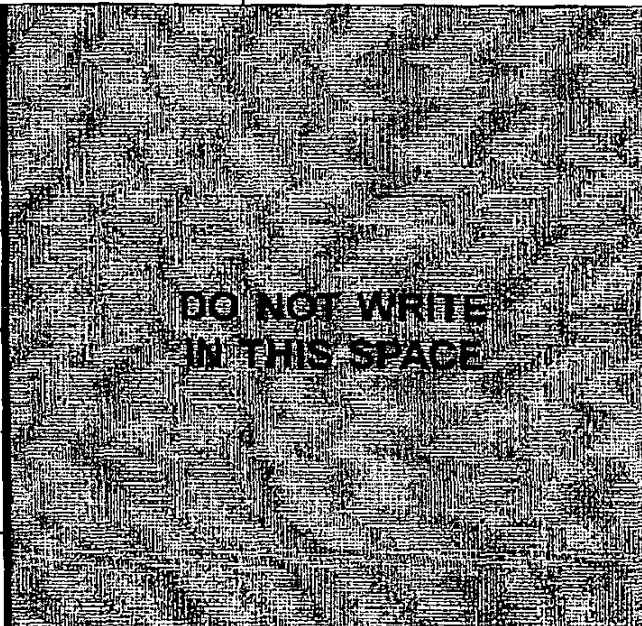
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

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

FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KHOURY, AMIN
STREET ADDRESS	1245 HILLSMITH DR.
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	D
NAME	KHOURY, ROBERT
STREET ADDRESS	1245 HILLSMITH DR.
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	DPT
NAME	ETTER, STEVEN M.
STREET ADDRESS	7925 SW JACK JAMES DR., STE. F
CITY-ST-ZIP	STUART, FL 349977208
TITLE	V
NAME	NEUGEBAUER, ROBERT
STREET ADDRESS	1245 HILLSMITH DR.
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	S
NAME	ROBBINS, M. G.
STREET ADDRESS	1245 HILLSMITH DR.
CITY-ST-ZIP	CINCINNATI, OH 45215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



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: Steven M. Etter STEVEN M. ETTER JAN. 4, 2008 (513) 771-2536

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #