

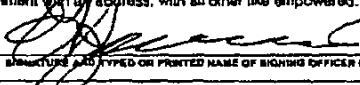
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douglas d stratton

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90066 020 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                       |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000108921</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                      |                                                                   |
| 1. Entity Name<br><b>MARWOL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>407 LINCOLN RD, SUITE 2A<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | Mailing Address<br><b>407 LINCOLN RD, SUITE 2A<br/>MIAMI BEACH, FL 33139</b>                                          |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | 3. Mailing Address                                                                                                    |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               | Suite, Apt. #, etc.                                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               | City & State                                                                                                          |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                       | Zip                                                                                                                   | Country                                                           |
| 5. Name and Address of Current Registered Agent<br><br><b>FEINSTEIN, BRETT ESQ<br/>407 LINCOLN RD, SUITE 2A<br/>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                   |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 4. FEI Number<br><b>20-3583098</b>                                                                                    |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable                                                                |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                               | 01242006 Chg-P CR2E034 (11/05)                                                                                        |                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               | DATE                                                                                                                  |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                       |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                 |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>WOLF, MARIA<br/>MONARCH PROFESSIONAL CENTRE UNIT 306 BLDG1<br/>MIRAMAR, FL 33012</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 01-25-06                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               | Date Daytime Phone #                                                                                                  |                                                                   |

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