


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90016 011 ***150.00

DOCUMENT # 309686		
1. Entity Name MARLO ELECTRONICS, INC.		

Principal Place of Business 4007 NE 6TH AVE FT LAUDERDALE, FL 33334 US	Mailing Address 4007 NE 6TH AVE FT. LAUDERDALE, FL 33334 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1149578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GODDARD, MARK S 2412 NW 35TH STREET BOCA RATON, FL 33431

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

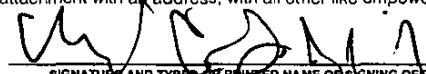
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> Delete
NAME	GODDARD, M. FREDERICK
STREET ADDRESS	7608 FENWICK PL.
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S <input type="checkbox"/> Delete
NAME	GODDARD, STEPHEN R
STREET ADDRESS	3200 PORT OYALE DR N APT 1407
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	P <input type="checkbox"/> Delete
NAME	GODDARD, MARK S
STREET ADDRESS	2412 N.W. 35TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODDARD, MARTHA R.
STREET ADDRESS	7608 FENWICK PL
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  3/22/06 954-565-4839

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