2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 AN Secretary of State

ANNUAL REPORT						
DOCUMENT # 32519 1. Entity Name MARRINSON GROUP, INC.	2					
Principal Place of Business	Mailing Address	-				
4 AAA NE GOTU ST	AGOA UE COTULOT					

S. Name and Address of Current Registered Agent MARRINSON, RALPH A. 1601 NE 26TH ST WILTON MANORS, FL 33305 Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PLE NOW!!! FEE 13 \$150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 ARRINSON, RALPH STREET ADDRESS Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PATE ### Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PATE #### Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PATE #### Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PATE ##### Signature, typed or protect name of registered agent and title if apposable (NOTE: Registered Agent signature required when remissing) PATE ###################################				CO TO	[
DO NOT WRITE IN THIS SPACE 4. FEI Number	1601 NE 26	TH ST	1601 NE 26TH ST	US	- - - - - - - - - - - - - - - - - - -	: (1881 8481 1888 8418 8418 851 8861 8881	GILLA GILLA GILLA TARANTILA AI LETI.
MARRINSON, RALPH A. 1601 NE 28TH ST WILLTON MANORS, FL 33305 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 active obligations of registered agent. SIGNATURE SIGNATURE STILE NOWITI FEE 13 S150.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OF			CE	01172008 No Chg-P CR2E034 (11/05) 4. FEI Number			
the obligations of registered agent. SIGNATURE Signature, hyperior provised name of registered agent and site if appositable (NOTE: Registered Agent signature inequired when re-initiating) DATE	1601 NE 2	6TH ST		*			
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP TILE STREET ADDRESS STREET AD	the obligat	ions of registered agent.					
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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 received 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

954-566-8353

Davime Phone #