2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 30, 2006 8:00 am Secretary of State **DOCUMENT # 558371** 01-30-2006 90063 031 ***158.75 MARCO POLO BUILDERS, INC. Principal Place of Business Mailing Address 47160000 13561 S. W. 40 CIRCLE 13561 S. W. 40 CIRCLE OCALA, FL 34473 US OCALA, FL 34473 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1785433 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent lavicic, Katica PAVICIC, ALBINA Street Address (P.O. Box Number is Not Acceptable) 4975 SW 36TH LANE OCALA, FL 34474 3310 SW Soft Street city Ocala 8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of SIGNATURE. ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 2 Delete Change ☐ Addition TITLE TITLE PAVICIC, MARCO NAME NAME STREET ADDRESS 3310 SW 58TH STREET STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP EVP □ Change Delete TITLE ☐ Addition TITLE ROWE, PHYLLIS NAME NAME STREET ADDRESS 9550 SW 32ND COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL **₩** Change Detete TITLE ☐ Addition TITLE PAVICIC, KATICA NAME 3310 SW 58TH STREET STREET ADDRESS STREET ADDRESS OCALA, FL 34474 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE **VPS** ■ Delete PAVICIC, ALBINA NAME NAME 4260 DW 58th Avenue STREET ADDRESS 4975 SW 36 LANE STREET ADDRESS Ocala F1. 34474 CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34474 Change **Addition** ☐ Delete TITLE TITLE PAULCIC Phillip 3310 2W 584 STEET NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dealer FI 34474 Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of russee 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 place like empowered.

OFFICER OR DIRECTOR

FILED

1-26-06

Daytime Phone #