2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2007 08:00 AM **DOCUMENT # 588987 Secretary of State** FINE CUSTOM JEWELRY MARTICORENA CREATIONS, Principal Place of Business Mailing Address 300 MONROE 300 MONROE DUNEDIN, FL 34698 DUNEDIN, FL 34698 CR2E034 (11/05) 01102007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1858217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent MARTICORENA, GASTON DO NOT WRITE 302 MONROE DUNEDIN, FL 34698 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE 000000537974 01/24/07-80057-015 150.00 NAME MARTICORENA, GASTON STREET ADORESS 302 MONROE DUNEDIN, FL 34698 CITY-ST-ZIP TITLE TROTTER, SALLY R MARKET STREET ADDRESS 308 MONROE ST. CITY-ST-ZIP DUNEDIN, FL 34698 ππ.ε NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE πпе MALE STREET ADDRESS CITY-ST-7P TITLE NAME

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 it 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:

STREET ADORESS CITY-SY-ZIP TITLE. NAME STREET ADDRESS

> Abston/action NTED NAME OF EXCESSING OFFICER OR DIRECTOR

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