
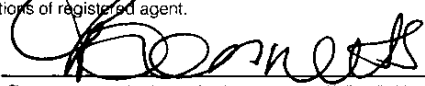
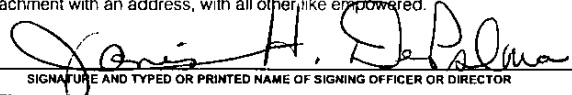


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90052 045 \*\*\*\*61.25

<b>DOCUMENT # 755529</b> 1. Entity Name <b>CASA DE MARCO, INC.</b>			
Principal Place of Business <b>1041 S COLLIER BLVD</b> <b>201</b> <b>MARCO ISLAND, FL 33937 US</b>		Mailing Address <b>PO BOX 2397</b> <b>MARCO ISLAND, FL 33969 US</b>	
2. Principal Place of Business - No P.O. Box # <b>950 N. Collier Blvd</b> Suite, Apt. #, etc. <b>420</b>		3. Mailing Address <b>P.O. Box 1813</b> Suite, Apt. #, etc.	
City & State <b>Marco Island, FL</b>		City & State <b>Marco Island, FL</b>	
Zip <b>34145</b>	Country <b>US</b>	Zip <b>34146</b>	Country <b>US</b>
4. FEI Number <b>59-2261395</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ANDRADE, TONY</b> <b>601 ELCKAN CIRCLE</b> <b>B7</b> <b>MARCO ISLAND, FL 34145</b>		7. Name and Address of New Registered Agent Name <b>New Beginnings</b> Street Address (P.O. Box Number is Not Applicable) <b>950 N. Collier Blvd</b> Suite <b>420</b> City <b>Marco Island</b> <b>FL</b> Zip <b>34145</b>	
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  DATE <b>1/15/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>PIERRE, DONALD ST</b> STREET ADDRESS <b>1041 S. COLLIER BLVD</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>ALVAREZ, JULIO</b> STREET ADDRESS <b>13214 SW 1ST TERRACE</b> CITY-ST-ZIP <b>MIAMI, FL 33184</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>DVP</b> <input checked="" type="checkbox"/> Delete NAME <b>SCHMELZER, WANDA</b> STREET ADDRESS <b>1041 S COLLIER BLVD</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>DTS</b> <input type="checkbox"/> Delete NAME <b>DEPALMA, JANIS</b> STREET ADDRESS <b>1041 S COLLIER BLVD</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>SMITH, JUDY</b> STREET ADDRESS <b>2545 SUNNY WOOD CT</b> CITY-ST-ZIP <b>BEAVERCREEK, OH 45434</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>FLANAGAN, DAN</b> STREET ADDRESS <b>1423 LINCOLN AVENUE</b> CITY-ST-ZIP <b>SAINT PAUL, MN 55105</b>	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 617, 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: 		Date <b>1.15.08</b> Daytime Phone # <b>234-393-3439</b>	