

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 03, 2007 8:00 am  
Secretary of State

05-03-2007 90067 048 \*\*\*150.00

DOCUMENT # F03000003867					
1. Entity Name <b>MARKEN LIMITED CORPORATION</b>					
Principal Place of Business <b>3 BRENTWATERS BUSINESS PARK THE HAM BRENTFORD, MIDDLESEX, UK tw8-8hq</b>			Mailing Address <b>1008 WEST HILLCREST INGLEWOOD, CA 90301</b>		
2. Principal Place of Business - No P.O. Box # <b>3 BRENTWATERS BUSINESS PARK</b>		3. Mailing Address <b>266 MERRICK ROAD</b>			
Suite, Apt. #, etc. <b>THE HAM,</b>		Suite, Apt. #, etc. <b>SUITE 2000</b>			
City & State <b>BRENTFORD, MIDDLESEX</b>		City & State <b>LYNBROOK, NY</b>			
Zip <b>TW8 8HQ</b>		Country <b>UK</b>		Zip <b>11563</b>	
		Country <b>USA</b>		4. FEI Number <b>95-4288781</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, BRUCE TIMOTHY 54 OCEAN CLUB ESTATE LAKEVIEW CT PARADISE ISLAND, BAHAMAS.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MUELLER, SIMON 34 BRIDGEFIELD, FARNHAM GU9 8AW SURREY, UK		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINIAN NOEL O'DRISCOLL GARSDALE HOUSE 3 TIMBERLEY PLACE BERKSHIRE, RG-45 6BB, UK	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Simon Mueller</i> <b>SIMON MUELLER</b>			APRIL 25, 2007		+44 208 388 8540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #